Prevention Newcomer's Guide

OFFICE OF PREVENTION SERVICES

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Section 1

Introduction

NEWCOMER'S GUIDE INTRODUCTION

The Alabama Prevention Newcomer's Guide (APNG) was developed at the request of numerous Alabama prevention professionals searching for a single resource that could serve many functions. As such, this publication includes a range of information useful to prevention professionals on all levels.

For those new to the prevention field - both agencies and individuals - the Guide is made to serve as an orientation tool. You will find invaluable information on agency and individual certification standards, available resources to aid you in your prevention efforts, a wealth of online references to help you gain an understanding of prevention on the state, regional and national levels, and publications to introduce you to the basics of prevention in theory and practice.

For experienced prevention professionals and established prevention agencies, the Guide will serve as a useful reference manual. Contact information for other Alabama prevention providers, 310 Board catchment areas, clearinghouse coverage areas and important contacts at the state level are all included to keep you in touch with your counterparts from Huntsville to Mobile and all points in between.

Because the APNG is designed to help you, we encourage comments and suggestions for ways to make the Guide more beneficial.

To suggest additions or alterations to the APNG, contact:

North Regional Information Clearinghouse
2300-A McCoy Avenue
Anniston, AL 36201
800-811-8131 or 256-237-8131
E-mail: asaprev@asaprev.com
Website: www.asaprev.com

South Regional Information Clearinghouse
3000 Television Avenue
Mobile, AL 36606
888-350-0151 or 251-4787855
E-mail: info@drugeducation.org
Website: www.drugeducation.org

Section 2

Alabama Department of Mental Health

Central Office Organization

The Alabama Department of Mental Health (ADMH) is the state agency responsible for serving Alabama citizens with mental illnesses, intellectual disabilities, and substance use disorders. The department was formally established by ACT 881 in 1965. [1]

Annually, ADMH serves more than 230,000 people through a broad network of state mental illness and intellectual disability facilities, and community-based services.

The central office, located in Montgomery, consists of management and support personnel that facilitate all of the mental health services statewide that are provided through either state-operated facilities or community mental health services. Budget management, planning, legal representation, advocacy, consumer empowerment, information technology, and certification are but a few of the functions conducted by the 36 offices and/or bureaus operating in central office. Fewer than 200 of the 2,300 ADMH employees are housed at central office; included are the Commissioner and staff, as well as the Associate Commissioners for each division. [2]

The Division of Mental Health and Substance Abuse Services houses Mental Illness and Substance Abuse Services. The Division of Mental Illness Services (MI) provides a comprehensive array of treatment services and supports through six state-operated facilities and contractual agreements with community mental health centers across the state. The MI Central Office staff provides oversight and support for the continuum of care through its offices of quality improvement, consumer relations, deaf services, community programs, certification, facilities management, and the indigent drug program.

Over 3,000 individuals are served annually in the state-operated facilities, while over 100,000 receive services in certified community-based programs.

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[1] *Alabama Administrative Code* Establishment of ADMH; accessed online August 23, 2010.

[2] http://en.wikipedia.org/wiki/Alabama_Department_of_Mental_Health

MI promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.[3]

Substance Abuse Services encompass the development, coordination, and management of a comprehensive system of treatment and prevention services for alcoholism/drug addiction and abuse. Responsibilities include contracting for services with local providers, monitoring service contracts, evaluating and certifying services programs according to departmental standards for substance abuse programs, and developing models for a continuum of treatment and prevention services.[4]

Substance Abuse services are comprised of:

- The Office of Advocacy and Recovery Support *serves as the SA liaison for community advocacy groups and the Public Information Office.* Responsibilities include developing the SA Advocacy and Public Marketing Plan, planning, developing and directing the preparation and dissemination of informational material and coordinating the SA incident reporting process.
- The Office of Contracts and Reimbursement manages all aspects of the billing contracts management processes, including client enrollment, contract utilization, claims adjudication, and provider reimbursement.
- The Office of Certification and Training manages the program certification process, provides certification and technical assistance services, and provides a comprehensive statewide training and workforce development program for SA.
- The Office of Information Technology is responsible for the data collection, dissemination and reporting for SA. Responsibilities include reporting for the Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), Substance Abuse Waiting List, client profile summaries, as well as the management of the Alabama Substance Abuse Information System (ASAIS).
- The Office of Prevention manages all aspects of substance abuse prevention within SA to include the strategic prevention framework, Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco

[3] http://www.mh.alabama.gov/MI/?sm=b

[4] http://www.mh.alabama.gov/SA/?sm=d

Sales to Minors Program), State Incentive Grant and Regional Information Clearinghouses.

- The Office of Treatment and Recovery Services manages all aspects of substance abuse treatment within SA to include Adolescent Treatment Services, Adult Treatment Services, Co-occurring Disorders, Opiate Replacement Therapy and Medicaid Services.[5]

Table 2.1 Prevention Providers

Prevention Providers			
AGENCY	**ADDRESS**	**PHONE**	**FAX**
Agency for Substance Abuse Prevention (ASAP)	2300-A McCoy Ave. Anniston, AL 36201	(256) 237-8131	(256) 237-7631
Alcoholism Recovery Services (ARS)	8017 2nd Avenue South Birmingham, AL 35206	(205) 836-7832	(205) 791-1592
Alethia House	201 Finley Avenue Birmingham, AL 35204	(205) 324-6502	(205) 324-7810
Baldwin County Mental Health	372 South Greeno Road Fairhope, AL 36532	(251) 990-4233	(251) 928-0126
Cahaba Center for Mental Health	912 Jeff Davis Avenue Selma, AL 36701	(334) 874-2640	(334) 874-2640
CED Mental Health Center	425 5th Avenue Attalla, AL 35954	(256) 492-7800 ext. 138	(256) 691-0493
Cheaha Mental Health Center	1721 Old Birmingham Hwy. P.O. Box 1248 Sylacauga, AL 35150	(256) 249-2395	(256) 245-9548
Cherokee County Substance Abuse Council (ASAC)	1460-A West Main Street Centre, AL 35960	(256) 927-7102	Same
Chilton/Shelby Mental Health	P.O. Box 689 Calera, AL 35040	(205) 685-9535	(205) 685-9538
Council on Substance Abuse-NCADD	828 Forest Avenue Montgomery, AL 36106	(334) 262-1629	(334) 262-6725
Drug Education Council	3000 Television Avenue Mobile, AL 36606	(251) 478-7855	(251) 478-7865
East Central Alabama Mental Health Center	200 Cherry Street Troy, AL 36081	(334) 566-6022 ext. 242	(334) 566-5346
Franklin Primary Health Center, Inc	P.O. box 2048 Mobile, AL 36604	(251) 432-4117	(251) 434-8199
Gateway	1401 South 20th St. Birmingham, AL 35205	(205) 510-2777	(205) 714-9951

[5] http://www.mh.alabama.gov/SA/CentralOfficeOrganization.aspx?sm=d_a

Indian Rivers Mental Health Center	P.O. Box 2190 Tuscaloosa, AL 35403	(205) 391-0132	(205) 349-6486
JCCEO	228 2nd Avenue North Birmingham, AL 35204	(205) 787-3040	(205) 783-6542
Lighthouse Counseling Center, Inc.	1415 East South Blvd. Montgomery, AL 36116	(334) 286-5980	(334) 286-5993
Marshall-Jackson Mental Health Center (Mountain Lakes)	22165 US Highway 431 N Guntersville, AL 35976	(256) 582-4240	(334) 582-4161
Mental Healthcare of Cullman	1909 Commerce Avenue Cullman, AL 35055	(256) 734-4688	(256) 734-4694
Mental Health Center of Madison County	4040 S. Memorial Parkway Huntsville, AL 35802	(256) 705-6453	(256) 705-6356
Mental Health Center of North Central AL (Quest)	4110 Hwy 31 South Decatur, AL 35601-4317	(256) 260-7300	(256) 355-6902
Northwest Alabama Mental Health Center	1100 7th Avenue Jasper, AL 35501	(205) 302-9061	(205) 221-0732
Oakmont Center	2008 21st Street Birmingham, AL 35218	(205) 878-7100	(205) 787-6401
Riverbend Substance Abuse Services	635 West College Street Florence, AL 35630	(256) 764-3431 ext. 202	(256) 760-9255
SAYNO of Montgomery, Inc.	492 South Court Street Montgomery, AL 36104	(334) 265-1821	(334) 264-6154
Southwest Alabama Mental Health Center	328 West Claiborne Street Monroeville, AL 36461	(251) 809-2479	(251) 867-7151
SpectraCare	191 South Oates Street Dothan, AL 36301	(334) 794-3771	(334) 712-9262
UAB Substance Abuse Programs	120 2nd Court Birmingham, AL 35204	(205) 325-5996	(205) 917-3721
West Alabama Mental Health Center	1401 Hwy 80 East Demopolis, AL 36732	(334) 289-2410 ext. 35	(334) 289-2416

For the most up-to-date listing of Prevention Organizations/Agencies, please visit: www.mh.alabama.gov

Table 2.2: 310 Catchment Areas

M - 1	Counties: Lauderdale, Colbert, Franklin	1. Riverbend MHC
M - 2	Counties: Limestone, Lawrence, Morgan	1. North Central AL MHC (QUEST)
M - 3	Counties: Madison	1. Huntsville-Madison MHC
M - 4	Counties: Fayette, Lamar, Marion, Walker, Winston	1. Northwest Alabama MHC
M - 5	Counties: Jefferson, Blount, St. Clair	1. Aletheia House, Inc. 2. ARS 3. Gateway 4. JCCEO 5. Oakmont Center 6. UAB
M - 6	Counties: Dekalb, Cherokee, Etowah	1. CED MHC 2. Cherokee County SA Council
M – 7	Counties: Calhoun, Cleburne	1. ASAP
M – 8	Counties: Bibb, Pickens, Tuscaloosa	1. Indian Rivers MHC
M – 9	Counties: Talladega, Clay, Randolph, Coosa	1. Cheaha MHC
M – 10	Counties: Choctaw, Greene, Hale, Marengo, Sumter	1. West Alabama MHC
M – 11	Counties: Chilton, Shelby	1. Chilton Shelby MHC
M – 12	Counties: Chambers, Lee, Tallapoosa, Russell	1. East Alabama MHC
M – 13	Counties: Dallas, Perry, Wilcox	1. Cahaba Center for Mental Health
M – 14	Counties: Montgomery, Autauga, Elmore, Lowndes	1. Montgomery Area Mental Health Authority 2. COSA-NCADD 3. Lighthouse Counseling Center 4. SAYNO
M – 15	Counties: Macon, Pike, Bullock	1. East Central MHC
M – 16	Counties: Mobile, Washington	1. Drug Education Council 2. Franklin Primary 3. AltaPointe
M – 17	Counties: Clarke, Conecuh, Escambia, Monroe	1. Southwest MHC
M – 18	Counties: Butler, Coffee, Covington, Crenshaw	1. South Central MHC (Prevention services not provided)
M – 19	Counties: Dale , Geneva, Henry, Barbour, Houston	1. Wiregrass MHC 2. SpectraCare
M – 20	Counties: Jackson, Marshall	1. Mountain Lakes Behavioral Healthcare
M – 21	County: Baldwin	1. Baldwin County MHC

M - 22	County: Cullman County: Lawrence, Limestone, Morgan	1. Mental Health Care of Cullman 1.North Central Alabama MHC

Section 3

PREVENTION THEORY AND PRACTICE

INTRODUCTION TO PREVENTION

Different approaches to prevent substance abuse have been used in past decades. What can be described now as scare tactics were popular in the 1960s. Information dissemination and later, affective education followed in the 1970s. Early in the 1980s alternatives were initiated, followed by a growing emphasis on comprehensive prevention approaches.

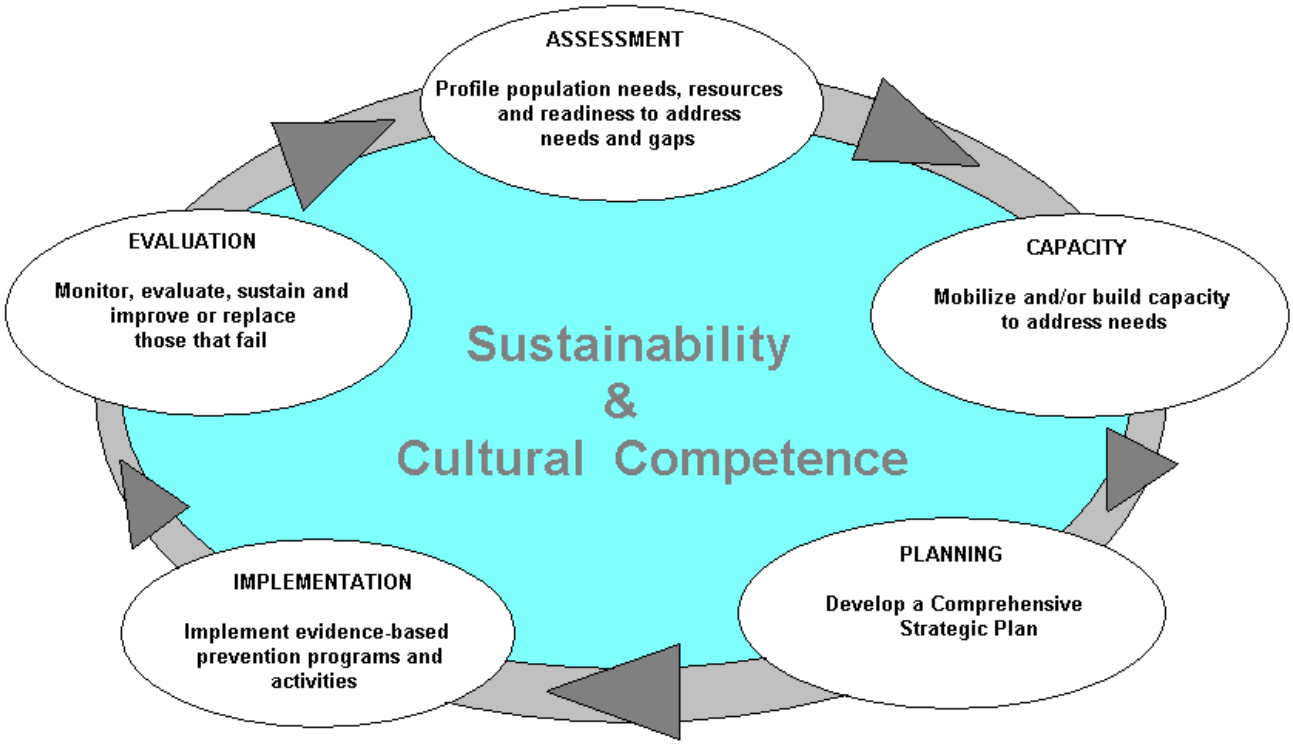
Comprehensive approaches are now increasingly science-based and outcome-focused. More than 20 years of research has facilitated the science of substance abuse that can predict successful interventions. Various approaches that have been scientifically evaluated clearly indicate theoretical foundations. As a result a knowledge-centered focus has expanded to include interventions based on theories of change that affect knowledge, attitudes and behavior. The knowledge gained through prevention research has led to the development of “best practices”. Evidence-based initiatives are replacing programs that provide no evidence of scientifically proven effectiveness.

Theory and theoretical frameworks in substance abuse prevention have evolved over time based on applied empirical research. The Strategic Prevention Framework **(SPF**) is based on a community **risk and protective factors** approach to prevention that include guiding principles that can prevent problem behaviors across the life span. Findings from **public health research** along with evidence-based programs build capacity in the prevention field. The Institute of Medicine Framework **(IOM)** identifies that prevention is one sector of the Continuum of Health Care. Prevention types in that sector are designated to three levels of prevention strategies when dealing with substance use and other behavioral disorders. The Center for Substance Abuse Prevention (CSAP) promotes that a **comprehensive, multi-strategic approach is necessary** to provide effective prevention services. **CSAP's Six Prevention Strategies** provide a way to deliver prevention services.

Table 3.1: PREVENTION TIMELINE

Time	National Perspective	Strategy	Activities
1950s	Drugs are a problem of the ghetto, used to escape pain and to avoid reality	Scare tactics	Films and speakers
Early 1960s	Drugs are used the same, however, they are more than problem of the ghetto.	Scare tactics	Films and speakers
Early 1970s	A variety of drugs are used for a variety of reasons to speed up experiences, to intensify experiences, to escape, to expand perceptions, to relieve boredom, and to conform to peers.	Drug Education	Curricula based on factual information
Mid to late 1970s	Users become more sophisticated and society develops increasing tolerance of drug use	Affective education and alternatives to drug use	Curricula based on communication, decision-making, values clarification, and self esteem
Late 1970s to early 80s	Parents begin to form organizations that combat the incidence of drug abuse	Affective education alternatives to drug use and training	Blaming and cooperation
Late 80s to Mid 1990s	Drug use is highly complex	Partnerships	Researched –based curricula, linkages and peer programs
Mid 90s to 2000	The gap between research and application is gradually being bridged	Replication of research based models and application of research based approaches	Environmental approaches, comprehensive programs many domains and targeting strategies, evaluation of prevention programs, media campaigns, and culturally sensitive programs.

Figure 3.2: SAMHSA's Strategic Prevention Framework



SAMHSA'S STRATEGIC PREVENTION FRAMEWORK

The Strategic Prevention Framework (SPF) uses a five-step process known to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF is built on a community-based risk and protective factors approach to prevention and a series of guiding principles that can be utilized at the federal, State/tribal and community levels.

The idea behind SPF is to use the findings from public health research along with evidence-based prevention programs to build capacity within States/Tribes/Territories and the prevention field. This in turn will promote resilience and decrease risk factors in individuals, families, and communities.

The Strategic Prevention Framework Steps require States, Territories, federally recognized Tribes and Tribal organizations, and communities to systematically:

- Assess their prevention needs based on epidemiological data,
- Build their prevention capacity,

- Develop a strategic plan,
- Implement effective community prevention programs, policies and practices, and
- Evaluate their efforts for outcomes.

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

STRATEGIC PREVENTION FRAMEWORK COMPONENTS

Assessment

The assessment phase helps define the problem or the issue that a project needs to tackle. This phase involves the collection of data to:

- Understand a population's needs
- Review the resources that are required and available
- Identify the readiness of the community to address prevention needs and service gaps.

To gather the necessary data, States and communities will create an epidemiological workgroup. The data gathered from this workgroup is vital because it will greatly influence a program's strategic plan and funding decisions.

Capacity

Capacity building involves mobilizing human, organizational, and financial resources to meet project goals. Training and education to promote readiness are also critical aspects of building capacity. SAMHSA provides extensive training and technical assistance (TA) to fill readiness gaps and facilitate the adoption of science-based prevention policies, programs, and practices.

Planning

Planning involves the creation of a comprehensive plan with goals, objectives, and strategies aimed at meeting the substance abuse prevention needs of the community. During this phase, organizations select logic models and evidence-based policies and programs. They also determine costs and resources needed for effective implementation.

Implementation

The implementation phase of the SPF process is focused on carrying out the various components of the prevention plan, as well as identifying and overcoming any potential barriers. During program implementation, organizations detail the evidence-based policies and practices that need to be undertaken, develop specific timelines, and decide on ongoing program evaluation needs.

Evaluation

Evaluation helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Figure 3.3: SAMHSA's SPG SIG

Throughout all five steps, implementers of the SPF must address issues of sustainability and cultural competence.

Sustainability

Sustainability refers to the process through which a prevention system becomes a norm and is integrated into ongoing operations. Sustainability is vital to ensuring that prevention values and processes are firmly established, that partnerships are strengthened, and that financial and other resources are secured over the long term.

Cultural Competence

Cultural competence is the process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds. Becoming culturally competent is a dynamic process that requires cultural knowledge and skill development at all service levels, including policymaking, administration, and practice.

Table 3.4: SAMHSA's Strategic Prevention Framework At-a-Glance

Step 1: Assessment	Step 2: Capacity	Step 3: Planning	Step 4: Implementation	Step 5: Evaluation
Profile population needs, resources, and readiness to address needs and gaps.	Mobilize and build capacity to address needs.	Develop a comprehensive strategic plan.	Implement evidence-based prevention programs, policies and practices	Monitor, evaluate, sustain, and improve or replace those that fail.
Conduct a needs assessment.	Create and maintain partnerships.	Select policies, programs, and practices to implement	Develop action plans for implementing policies, programs, and practices.	Collect and analyze evaluation data.
Assess your community's readiness for prevention.	Convene key stakeholders, coalitions, and service providers to plan and implement Steps 3 and 4.	Develop logic model and evaluation plan.	Implement policies, programs, and practices.	Write evaluation report.
Develop clear, concise and data-driven problem statements. Assess organizational, fiscal, and leadership capacity.	Plan and implement strategies to improve your community's readiness. Mobilize financial and organizational resources.	Create a comprehensive strategic plan, including strategic goals, objectives, and performance targets.	Implement strategic plan.	Recommend quality improvements based on evaluation data.
Assess resources and service gaps.				

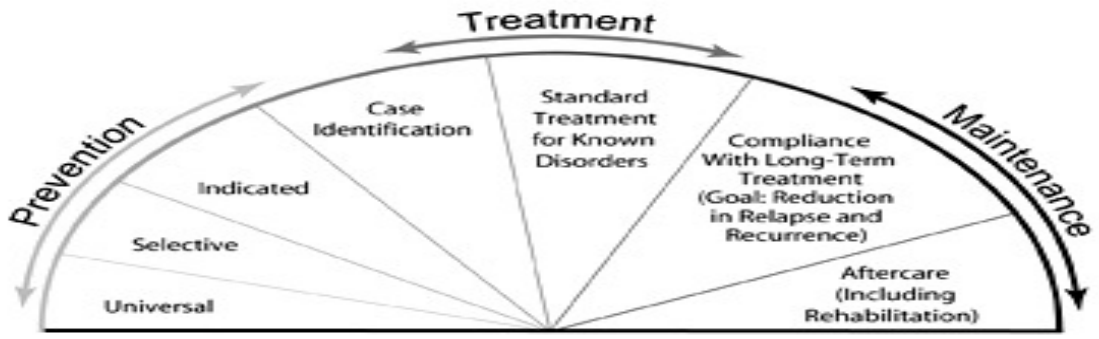
INSTITUTE OF MEDICINE FRAMEWORK (IOM)

Prevention is one sector of the Continuum of Health Care. The following will define prevention types in that sector. (See figure 1).

The Continuum of Health Care Model According to the Institute of Medicine When dealing with substance use and other behavioral disorders in clinical settings, the levels of prevention are less distinct than with physical illnesses. The tasks of identifying risk factors and detecting early stage disease are usually accomplished by patient or family interview. Initial management of both risk and early stage disease is often conducted via patient and family counseling by the primary care provider. Thus, the continuum of the health care model is more practical than the public health model when dealing with preventive behavioral health services.
The continuum of health care model is drawn from a 1994 report of the Institute of Medicine (IOM) (Mrazek & Haggerty, eds., 1994[6]), as originally proposed by Gordon (1983). It differs from the public health model in that it covers the full range of preventive, treatment, and maintenance services. There are three types of preventive services in the IOM model—universal, selective, and indicated. These do not correspond to the primary, secondary, and tertiary services in the public health model. Screening and follow-up preventive behavioral services correspond to secondary prevention within the public health model. Other preventive behavioral services, including most community-based services, correspond to primary or tertiary prevention.

[6] Mrazek, P. J., & Haggerty, R. J. (Eds.). (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research.* Washington,DC: National Academy Press.

Figure 3.5: Continuum of Health Care



[7]

In the IOM model, a "universal" preventive measure is an intervention that is applicable to or useful for everyone in the general population, such as all enrollees in a managed care organization. A "selective" preventive measure is desirable only when an individual is a member of a subgroup with above-average risk. An "indicated" preventive measure applies to persons who are found to manifest a risk factor that puts them at high risk (Mrazek & Haggerty, eds., 1994). All these categories describe individuals who have not been diagnosed with a disease.

Universal prevention strategies are designed to reach the entire population, without regard to individual risk factors and are intended to reach a very large audience. The program is provided to everyone in the population, such as a school or community. An example would be universal preventive interventions for substance abuse, which include substance abuse education using school-based curricula for all children within a school district.

Selective prevention strategies target subgroups of the general population that are determined to be at risk for substance abuse. Recipients of selective prevention strategies are known to have specific risks for substance abuse and are recruited to participate in the prevention effort because of that group's profile. Examples of selective prevention programs for substance abuse include special groups for children of substance abusing parents or families who live in high crime or impoverished neighborhoods and mentoring programs aimed at children with school performance or behavioral problems.

Indicated prevention interventions identify individuals who are experiencing early signs of substance abuse and other related problem

[7] Copyright 1994: by the National Academy of Sciences, Courtesy of the National Academy Press, Washington, DC.

behaviors associated with substance abuse and target them with special programs. The individuals identified at this stage, though experimenting, have not reached the point where clinical diagnosis of substance abuse can be made. Indicated prevention approaches are used for individuals who may or may not be abusing substances but who exhibit risk factors such as school failure, interpersonal social problems, delinquency, and other antisocial behaviors, and psychological problems such as depression and suicidal behavior, which increases their chances of developing a drug abuse problem. In the field of substance abuse, an example of an indicated prevention intervention would be a substance abuse program for high school students who are experiencing a number of problem behaviors, including truancy, failing academic grades, suicidal ideation, and early signs of substance abuse.

CSAP's SIX PREVENTION STRATEGIES

One way to consider how prevention services are delivered is through CSAP's Six Prevention Strategies. A comprehensive, multi-strategic approach is necessary to provide effective prevention services.

Several strategies are used effectively, especially in <u>combination</u>:

<u>Information dissemination</u> This strategy provides awareness and knowledge of the nature and extent of substance use, abuse, and addiction and their effects on individuals, families, and communities. It also provides knowledge and awareness of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. [Note: Information dissemination alone has not been shown to be effective at preventing substance abuse.]

Examples: Media Campaigns, Brochures, Speaking engagements, Health fairs.

<u>Education</u> This strategy involves two-way communication and is distinguished from the information dissemination strategy by the fact that interaction between the educator/ facilitator and the participants is the basis of its activities. Activities under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

Examples: Classroom/Group sessions, Parenting/family classes

Alternatives This strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter. [Note: Alternative activities alone have not been shown to be effective at preventing substance abuse.]

Examples: Drug-free social and recreational activities, Community service activities

Problem identification and referral This strategy aims at identification of those who have indulged in illegal/age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs in order to assess if their behavior can be reversed through education. It should be noted, however, that this strategy does not include any activity designed to determine if a person is in need of treatment.

Examples: DUI/DWI Education Classes, Student or employee assistance programs

Community-based process This strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Examples: Multi-agency coordination and collaboration, Systemic Planning

Environmental This strategy establishes or changes written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of substance abuse in the general population. This strategy is divided into two subcategories to permit distinction between activities that center on legal and regulatory initiatives and those that relate to the service and action-oriented initiatives.
Examples: Compliance checks, Ordinances, Restrictions on advertising

PREVENTION PRINCIPLES

Evidence-based practices-These are programs and activities that scientific study has shown to produce predictable outcomes under certain conditions. These programs should be used whenever possible, however, when innovative programs are needed, they should be informed by scientific research, theory, and evaluation.

Accountability-Programs will be responsible to and respectful of the community at large by building trust and forwarding the public mission. Programs will be community-based and involve community members at all phases of development, including providing information in a format accessible by general populations*.

Data-based planning and programming- Collecting data and using data to inform policies and programs is a form of accountability. It should drive planning, allocation of funds, and decision-making at all levels. The evaluation, collection and distribution of consistent data are a foundation of the public health practice.

Collaboration-Federal, state, and local stakeholders must work together to achieve shared outcomes. In addition, practices will encourage opportunities for all cultures, races, genders, and special needs individuals to participate in all phases of program development.

Capacity building and support-The state will provide an outlet for training, technical assistance, and other prevention resources according to the level available.

Equitable resource distribution-Funding and resources will be equitably distributed.
These principles should guide program development and help inform prevention strategies.

**Promoting diversity and engaging all cultures, races, socioeconomic classes, genders, and special needs individuals is essential in developing effective prevention efforts.*

PREVENTION PRINCIPLES FOR CHILDREN AND ADOLESCENTS

These principles can be applied to either existing programs or for designing innovative programs.

- Prevention programs should be designed to enhance protective factors and decrease or address risk factors.
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g., in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parent or caregiver component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts. Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.

- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.
- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.
- Effective prevention programs are cost-effective. Every dollar spent on prevention, can save 4 to 5 dollars in costs for treatment and counseling.

RISK and PROTECTIVE FACTORS

"Among the most significant developments in substance abuse prevention in recent years has been a focus on risk/protective factors as a unifying descriptive and predictive framework. Prevention using a risk/protective factors approach is based on the premise that identifying factors that increase the risk of a problem developing and the finding ways to reduce the risk is effective. Identifying factors that buffer individuals from the risk factors in their environment makes it possible to increase protection…."
"**Young people are exposed to both risk and protective factors** for substance abuse. Risk factors place them at greater than average risk for substance use, whereas protective factors buffer youth from beginning or continuing use."

"**Risk factors exist in multiple domains** and all areas of life. Addressing a sing risk factor in a single area may have little effect; reducing risks across several areas is more productive."

"Protective factors may buffer exposure to risk. Protective factors buffer youth from the negative consequences of risks by reducing the impact of the risk or changing the person's response to the risk. Enhancing protective factor can reduce chances of problem behaviors."
*(Source: CSAP/NPN Prevention Works / Substance Abuse Prevention Handbook)

The SPF (Strategic Prevention Framework) is a system approach to prevention built on the community-based risk and protective factors approach to prevention and a series of guiding principles developed from proven evidence-based programs that promote resilience. **The resilient child** possesses: Social Competence, Problem Solving Skills, Autonomy, and a Sense of Purpose and Future. Protective factors that foster resilience include: Caring and Support; High Expectations; Opportunities for Participation; and Norms. *(Access the National Resilience Resource Center at www.cce.umn.edu/nrrc.)

Domains are "areas of activity and include the **individual, family, peers, school, community and environment.** Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention."
(National Resilience Resource Center www.ccce.umn.edu/nrrc or nrrc@cce.umn.edu)

INDIVIDUAL DOMAIN

Risk Factors

- Alienation/rebelliousness
- Friends who engage in problem behaviors
- Lack of knowledge of negative consequences of problem behaviors
- Favorable attitudes toward problem behaviors
- Early onset of use/initiation of problem behaviors
- Biological/psychological disposition
- Antisocial behavior
- Sensation seeking
- Lack of adult supervision

Protective Factors

- Build social and personal skills and problem solving
- Developing communication skills
- Developing responsiveness, empathy and caring, and a sense of humor
- Design culturally sensitive interventions
- Cite immediate consequences
- Information/Education/Media campaigns
- Positive alternative opportunities to develop persona/social skills
- Problem identification and referral

FAMILY DOMAIN

Risk Factors

- Parental and sibling drug use/approval of use
- Family history of other problem behaviors, i.e. violence
- Inconsistent/Poor family management
- Tolerant parental attitudes toward problem behaviors
- Lack of parental involvement
- Family conflict
- Low family bonding

Protective Factors

- Sponsored family outings/activities
- Target entire family
- Develop parenting skills through education/training
- Explore alternative community sponsors/sites
- Emphasize family bonding
- Promote family functioning through family therapy when indicated

PEER DOMAIN

Risk Factors

- Peer rejection in elementary grades
- Association with ATOD using peers
- Peers with problem behaviors

Protective Factors

- Provide positive alternative social activities
- Develop positive alternative meeting places
- Discourage association with peers engaging in problem behaviors
- Establish and enforce clear and consistent rules and consequences

SCHOOL DOMAIN

Risk Factors

- Lack of commitment to school
- Poor academic performance / school failure
- Early and persistent antisocial behavior
- Lack of attachment to school
- Negative school climate
- Lenient school policies/unclear norms

Protective Factors

- Academic skill building
- Implement methods to improve school climate
- Improve classroom management, organization and teaching methods
- Emphasize educator's positive attitudes towards students
- Establish and enforce clear and consistent rules and consequences
- Promote health and safety

COMMUNITY DOMAIN

Risk Factors

- Availability of alcohol, tobacco, or illicit drugs
- Substance use/abuse
- Lack of bonding/attachment to
- Lack of social and community institutions
- Lack of awareness of substance use problems
- Community norms favorable/tolerant toward use
- Transition and mobility
- Loss of neighborhood attachment / community disorganization
- Extreme economic deprivation
- Insufficient community resources / institutions
- Inability to address substance abuse

Protective Factors

- Develop community and religious institutions
- (i.e., Boys and Girls Clubs, and YMCA, workplaces)
- Promote healthy media messages and practices
- Facilitate communication/cooperation with law enforcement
- Collaborate/partner with health care professionals
- Establish community coalitions to address risk factors

ENVIRONMENT/SOCIETY

Risk Factors

- Norms tolerant of use/abuse
- Convenient access to alcohol, tobacco, or illicit drugs
- Low retail prices of alcohol, tobacco, or illicit drugs
- Exposure to mass media messages that appear to support substance abuse
- Policies enabling use/abuse
- Lack of enforcement of laws
- Inappropriate negative sanctions for use/abuse

***(Environment/society is not always identified as a separate domain and is addressed within the community domain in a number of sources.)**

Protective Factors

- Assess, establish and/or improve community laws and norms that discourage problem behaviors
- Consistently and clearly communicate unfavorable attitudes toward substance use and abuse
- Establish and/or improve enforcement policies and practices regarding substance use and abuse
- Develop systems of change

SAMHSA'S STRATEGIC INITIATIVES 2011 - 2014
A PLAN OF ACTION

SAMHSA (Substance Abuse and Mental Health Services Administration) is an operating division within the U.S. Department of Health and Human Services (HHS). The mission of SAMHSA is to reduce the impact of substance abuse and mental illness on America's communities. The United States has enacted health reform to improve how health care is delivered, paid for and monitored. Evidence of better outcomes for people with and at risk for mental and substance use disorders is based on "behavioral health" prevention, treatment, and recovery services. The intent is to build strong and supportive communities, prevent behavioral health problems and promote better health for all Americans. SAMHSA will work to:

- Improve understanding about mental and substance use disorders
- Promote emotional health and the prevention of substance abuse and mental illness
- Increase access to effective treatment
- Support recovery

SAMHSA has identified eight Strategic Initiatives to guide its work through 2014:

1. **Prevention of Substance Abuse and Mental Illness** – Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide. This Initiative will include a focus on

the Nation's high-risk youth, youth in Tribal communities, and military families.

2. **Trauma and Justice** – Reducing the pervasive, harmful, and costly health impact of violence and trauma by integrating trauma-informed approaches throughout health, behavioral health, and related systems and addressing the behavioral health needs of people involved in or at risk of involvement in the criminal and juvenile justice systems.

3. **Military Families** – Supporting America's service men and women - active duty, National Guard, Reserve, and veterans - together with their families and communities by leading efforts to ensure that needed behavioral health services are accessible and that outcomes are positive.

4. **Recovery Support** – Partnering with people in recovery from mental and substance use disorders and family members to guide the behavioral heath system and promote individual-, program-, and system-level approaches that foster health and resilience; increase permanent housing, employment, education, and other necessary supports; and reduce discriminatory barriers.

5. **Health Reform** – Increasing access to appropriate high quality prevention, treatment and recover services; reducing disparities that currently exist between the availability of services for mental and substance use disorders compared with the availability of services for other medical conditions; and supporting integrated, coordinated care, especially for people with behavioral health and other co-occurring health conditions such as HIV/AIDS.

6. **Health Information Technology** – Ensuring that the behavioral health system, including States, community providers, and peer and prevention specialists, fully participates with the general health care delivery system in the adoption of health information technology (HIT) and interoperable electronic health records (EHRs).

7. **Data, Outcomes, and Quality** – Realizing an integrated data strategy and a national framework for quality improvement in behavioral health care that will inform policy, measure program impact, and lead to improved quality of services and outcomes for individuals, families, and communities.

8. **Public Awareness and Support** – Increasing the understanding of mental and substance use disorders and the many pathways to recover to achieve the full potential of prevention, help people recognize mental and substance use disorders and seek assistance with the same urgency as any other health condition, and make recovery the expectation.

The Initiatives support the Affordable Care Act and the Mental Health Parity and Addictions Equity Act. Each Initiative has an overarching purpose, specific goals, action steps, and measures for determining success as part of the strategic plan to:

- Set budget and policy priorities
- Manage grants, contracts, technical assistance, agency staff, and interagency efforts
- Engage partners at every level
- Measure and communicate progress

For more information on the Eight Strategic Initiatives please visit: www.samhsa.gov

Section 4

PREVENTION STANDARDS

Department of Mental Health

Substance Abuse Services Division

Prevention Certification Standards

9000 Prevention Services Certification Procedures

9000 Applicability

All agencies/organizations that receive Federal Block Grant funds for primary prevention services must receive programmatic certification by the Department of Mental Health/Mental Retardation (DMH/MR), Substance Abuse Services Division (SASD).

The following standards apply to all agencies/organizations under contract to the SASD for the provision of primary prevention services.

9001 The Code of Alabama. 1975 25-50-1 defines mental health services as the "Diagnosis of, treatment of, rehabilitation for, follow up care of, prevention of and research into the causes of all forms of mental health and emotional illnesses…"

9002 Program Approval

a) A site visit shall be conducted on each agency or organization providing primary prevention services, under a contract with DMH/MR, at intervals not to exceed two years between site visits.

b) A site visit report or certificate, as appropriate, shall be mailed to each contracted prevention program within thirty (30) calendar days following an onsite visit by representatives of the DMH/MR to determine program compliance.

c) If no deficiencies are found, a certificate of compliance shall be issued within thirty calendar days following the site visit.

d) Upon receipt of the site visit report, programs are given thirty calendar days to respond with a written action plan stating how and when the deficiencies noted with the report shall be corrected.

9003 Appeal Procedure

1) Notice of certification action or any specific findings contained in the site visit report may be appealed in writing to the Associate Commissioner, Substance Abuse Services Division, within 15 working days after the notice of certification action or the site visit report. The written appeal must specify the precise reason(s) for the modification of the Department certification decision or the site visit findings.

2) The Substance Abuse Services Division's Associate Commissioner must respond in writing to the appeal within 15 working days after receipt, either upholding or revising the initial findings of the certification decision.

3) If the Associate Commissioner does not find that there is adequate basis to modify the site visit findings of the Department of Certification decision, a second appeal may be made in writing to the Commissioner of Mental Health within 15 working days after receipt of the written notice of the SASD Associate Commissioner's decision. The Commissioner will have 15 working days after receipt of the second level written appeal in which to render a decision in writing.

4) Final appeal of the Commissioner of Mental Health's decision must be in writing to the Commissioner within 15 working days after receipt of the decision. The Commissioner will have 30 working days after receipt of the final appeal in which to schedule a hearing from both parties and render a final decision in writing,

9004 Duration of Approval

1) Upon satisfactorily meeting all regulations, a program shall be issued a certification of compliance. Each certificate of compliance shall remain in effect until:

(a) A subsequent site visit is conducted; or

(b) The contract expires and is not renewed. In this event, the program shall return the certificate to DMH/MR

9005 Governing Body

a) The provider must be a public or private nonprofit corporation.

b) The organization must provide written documentation to the DMH/MR of its source of authority through its articles of incorporation (charter) and bylaws.

c) The Board of Directors of the corporation, as its governing body, has responsibility and authority for the overall conduct of operations including the treatment and/or prevention programs provided by the organization.

9100 Personnel Management

9101 General Staff

9102 The chief executive officer/director of a prevention provider organization shall be a full-time employee possessing:

1. At least a baccalaureate in an administrative or mental health related field with at least three (3) years of progressive managerial experience in either substance abuse treatment or prevention; or

2. Be certified as a prevention Manager by an independent certification board offering a credential approved by the Substance Abuse Services Division or the Department of Mental Health/Mental Retardation.

9103 The financial accounting operations of a service provider organization with a total annual budget exceeding $500,000 shall be supervised by a full-time employee, or a contracted service provider who have the following qualifications:

a) At least a bachelor's degree in accounting or business, finance, management, public administration, with accounting courses;

b) At least two (2) years accounting experience.

9104 The financial accounting operations of a service provider organization with a total annual budget less than $500,000 shall be supervised by an employee or contracted service who/which has the following qualifications:

a) Demonstrated familiarization with Generally Accepted Accounting Principles and;

b) At least two (2) years accounting/bookkeeping experience.

9105 Prevention Staff

9106 Prevention Director/Coordinator has to meet one or more of the following:

1. Have a master's degree in a human services related field and one year experience in the field of substance abuse prevention (may complete one prevention course at a State Alcohol and Drug Studies School within one year of employment in lieu of one years experience); or

2. Be certified as either a Prevention Manager or a Prevention Specialist by an independent certification board offering a credential approved by the Substance Abuse Services Division of the State Department of Mental Health/Mental Retardation; or

3. Have a baccalaureate degree in a human services or related field and two years experience in the field of substance abuse, one of which shall be in prevention.

9107 All Prevention Services Providers shall meet any one or more of the following:

1. The same requirements aforementioned; or

9108 Be certified as an Associate Prevention Specialist by an independent certification board offering a credential approved by the Substance Abuse Services Division of the Department of Mental Health/Mental Retardation.

9109 An individual who does not meet the requirements listed in 580-9-47-.07 may provide prevention services under the following conditions:

a) Be under the direct supervision of an individual meeting the requirements; and

b) Be in a structured and documented training program that will lead to meeting the above requirements within one year of employment. (All work performed by such individuals who fail to meet the above requirements within one year of employment are subject to charge back).

9200 Continuing Education

Each Prevention Professional/service provider shall receive:

(a) Each prevention professional/service provider shall receive a minimum of 20 contact hours of continuing education training each year. At least six of these contact hours shall be obtained through a state sponsored or approved course.

(b) Each prevention service provider shall be trained in HIV/AIDS education/prevention within 90 days of employment.

(c) Each prevention service provider shall be trained in procedures for managing disruptive behavior within 90 days of employment.

(d) Each prevention service provider shall be trained in Prevention Ethics within 90 days of employment.

(e) Documentation of all education/experience qualifications, professional certification, and all continuing education training shall be maintained within a folder for each individual prevention professional/service provider and retained on file by the Prevention Coordinator.

9300 Prevention Records

9301 (1) Each prevention activity/occurrence that is provided for reimbursement under contract with the DMH/MR shall be recorded on an activity sheet.

(2) Documentation of all prevention services shall be completed by the person who delivers the service.

(3)Documentation shall contain:

a. The date and location of each service delivery;
b. The topic addressed;
c. Description of activities provided;
d. The length of the presentation
e. The number of recipients by gender, age, and race;
f. The prevention objective code;
g. The attendance log or roll; and
h. The signature of the person providing the service.

9302 Each prevention objective shall have a separate individual folder (or notebook) containing the written objective, documentation of the service delivery, the outcome measurement instrument used, and the outcome evaluation results.

9303 The activity sheets. Attendance logs/rolls, and annual outcome summaries shall be maintained for the past three (3) fiscal years.

9400 Participant Protection

The provider agency/organization must report all cases of suspected abuse, neglect or exploitations of program participants, regardless of age, to the local DMH office, and to the DMH/MR Director within three (3) working days of the incident.

9500 Quality Assurance Program

A service provider organization shall have in place a quality assurance plan in which a designated person is responsible for the periodic review of all documentation related to staff qualifications and service provisions.

9501 As a result of the review, any problems identified, action taken, and follow-up shall be documented and communicated through organized discussion with all concerned staff.

9600 Prevention Plan

Each DMH/MR contracted prevention service provider shall develop and maintain a comprehensive prevention plan. This plan shall set forth the agency's prevention philosophy and outline all prevention services provided by the organization. This plan should state the amount and type of prevention services that are being provided to each county within its catchment area and shall be updated annually. This plan shall be in conformance with the State and Region plan.

9700 Prevention Reporting

At the end of each fiscal year each prevention organization shall submit to the DMH/MR within sixty days a detailed evaluation report outlining the outcome results of each prevention objective. This report shall list the total number of recipients for each objective broken down by age range, gender, and race; a copy of the type(s) of measurement used; what was being measured; size of the sample(s); and the outcome evaluation results.

9800 Requests for Proposal

All prevention objectives shall conform to the guidelines as outlined within each annual Request for Proposal (RFP) and shall be in accordance with the state and regional plan.

9900 Waiver Requests

All requests for waivers must be submitted to the DMH/MR Commissioner. The DMH/MR Commissioner shall review this request, and then render a written decision to the program within 30 days. Services delivered during the same period shall be reimbursed provided they are not otherwise in violation of these standards or laws.

Section 5

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION (AADAA)

AADAA

Alabama Alcohol and Drug Abuse Association

The Alabama Alcohol & Drug Abuse Association is a non-profit organization dedicated to insuring quality services for those we serve: the client. AADAA certifies Alcohol & Drug Counselors, Prevention Specialists, Criminal Justice Professionals and Clinical Supervisors. We are dedicated to insuring quality services through professional certification, education and advocacy both on a state and national level.[6]

Contact Information

AADAA may be contacted through McLemore Consulting. For any AADAA related matters, use the following contact information.
NOTE: The phone may be answered as McLemore Consulting or as Alabama Alcohol and Drug Abuse Association. If your call is not answered, please leave a message and you will be contacted.

McLemore Consulting
P.O. Box 310
Eva, AL 35621

Phone:	256-796-4490	
Fax:	Same	
Web:	www.aadaa.us	
E-mail:	General Information:	president@aadaa.us
	Certification:	certification@aadaa.us
	Membership:	membership@aadaa.us

AADAA / McLemore Consulting Office Hours

Monday……8 a.m. – 4 p.m.
Wednesday…….8 a.m. – 4 p.m.
Thursday……5 p.m. – 9 p.m.
Friday……8 a.m. – 12 noon

[6] http://www.aadaa.us/

ALABAMA ALCOHOL AND DRUG ABUSE ASSOCIATION

CODE OF ETHICS

PREAMBLE

The Certification Board for Addiction Professionals of Alabama provides this Code of Ethics for each of its certified members. Certified Addiction Professionals believe in the dignity and worth of the individual. They are committed to increasing knowledge of human behavior, to the understanding of themselves and others, and to the relief of human suffering. While pursuing these endeavors they make every reasonable effort to protect the welfare of those who seek their services and to protect any subject who may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuses by others. While demanding for themselves freedom of inquiry and communication, addiction professionals accept the responsibility this freedom confers: competence; objectivity in the application of skills; and the concern for the best interests of clients, colleagues, and society in general. In the pursuit of these ideals, addiction professionals subscribe to the principles of Ethical Standards, which are presented in this document.

1. RESPONSIBILITY TO CLIENTS:

In their commitment to advancing the welfare of alcohol and drug dependent individuals and their families, addiction professionals value objectivity and integrity. They accept consequences of their work and make every effort to insure that their services are used appropriately. In providing services they maintain the highest standards.

ADDICTION PROFESSIONALS:

1.1 Do not discriminate against or refuse professional service to anyone on the basis of race, religion, natural origin, disability, gender, or sexual orientation.

1.2 Avoid exploiting the trust and dependency of their clients and make every effort to avoid dual relationships with clients that would impair professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, business or sexual relationships with clients.

1.3 Do not use their professional relationship with clients to further their own interests.
1.4 Continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship. They assist persons in obtaining other therapeutic services if they are unable or unwilling, for appropriate reasons, to see a person who has requested professional help. They do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

2. **CONFIDENTIALITY:**

Addiction Professionals have a primary obligation to respect the confidentiality of client information. They reveal such information to others only with the written consent of the person or person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, addiction professionals inform clients of the legal limits of confidentiality.

ADDICTION PROFESSIONALS:

2.1 Cannot disclose client confidences to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (3) where the addictions professional is a defendant in a civil, criminal or disciplinary action arising from the therapy (in which case client confidences may only be disclosed in the course of the action); or (4) if there is a waiver previously obtained in writing; and then such information may only be revealed in accordance with the terms of the waiver.
2.2 Use clinical materials in teaching, writing, and public presentations only if a written waiver has been received in accordance with paragraph 2.1 (4), of when appropriate steps have been taken to protect client identity.
2.3 Store or dispose of client records in ways that maintain confidentiality.

3. **PROFESSIONAL COMPETENCE AND INTEGRITY:**

The maintenance of high standards of professional competence and integrity are responsibilities shared by all addiction professionals. They recognize the boundaries of competence and the limitations of techniques and only provide services; use techniques, or offer opinions as professionals meeting recognized

standards. Throughout their careers, addiction professionals maintain knowledge of professional information related to the services they render.

ADDICTION PROFESSIONALS:

3.1 Accurately represent their competence, education, training, and experience.

3.2 As supervisors, perform duties based on careful preparation so that supervision is accurate, up-to-date and scholarly.

3.3 Recognize the need for obligation to professional growth through continuing education, are open to new procedures, and are sensitive to differences between groups of people and changes in expectations and values over time.

3.4 Should have an understanding of counseling or educational measurement, validation problems, and other test research where they have the responsibility for decisions involving individuals or policies based on test results. Test users should know and understand the literature relevant to the tests used and testing problems with which they deal.

3.5 Do not attempt to diagnose, treat, or advise problems outside the recognized boundaries of their competence.

3.6 Seek appropriate professional assistance for their personal problems or conflicts that are likely to impair their work performance and their clinical judgment.

3.7 Do not engage in sexual or other harassment of clients, students, employees, supervisees, trainees, or colleagues.

3.8 Are aware that, because of their ability to influence and alter the lives of others, they must experience special care when making public their professional recommendations and opinions through testimony or other public statements.

4. **RESPONSIBILITY TO STUDENTS, EMPLOYEES, AND SUPERVISEES:**

Addiction Professionals do not exploit the trust and dependency of students and supervisees.

ADDICTION PROFESSIONALS:

4.1 Are cognizant of their potentially influential position with respect to students, employees, and supervisees; avoid exploiting the trust and dependency of such persons; and make every effort to avoid dual

relationships that could impair professional judgment or increase the risk of exploitation.

4.2 Do not permit students, employees, or supervisees to perform or to represent themselves as competent to perform professional services beyond their training, level of experience, and competence.

5. **RESPONSIBILITY TO THE PROFESSION:**

Addiction Professionals act with due regard to the needs and feelings of their colleagues in the field of addictions and other professions. They respect the prerogatives and obligations of the institutions or organizations with which they are associated.

ADDICTIONS PROFESSIONALS:

5.1 Understand the areas of competence of related professions and make full use of other professional, technical, and administrative resources which best serve the interest of clients.

5.2 Remain accountable to the standards of the profession when acting as members or employees or organizations.

5.3 As writers and researchers: (1) assign publication credit to those who have contributed to a publication in proportion to their contributions; (2) cite appropriately persons to whom credit for original ideas are due; (3) take accurately and factually promoted and advertised; and (4) are adequately informed of and abide by relevant laws and regulations regarding the conduct of research with human participants.

5.4 Recognize a responsibility to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

5.5 Are concerned with developing laws and regulations pertaining to the field of addiction that serve the public interest, and with altering such laws and regulations that are not in the public interest. They also encourage public participation in the designing and delivery of services and in the regulation of practitioners.

5.6 Having First-hand knowledge of an ethical violation, should attempt to rectify the situation. Failing an informal solution, addiction professionals should bring such unethical activities to the Certification Board for Addiction Professionals.

6. **FEES:**

Addiction Professionals charge fee only where they are licensed to do so. In such case they make financial arrangements with client's that conform to accepted professional practices and that are reasonably understandable.

ADDICTION PROFESSIONALS:

6.1 Do not offer or accept payment referrals.
6.2 Do not charge excessive fees for services.
6.3 Disclose their fee structure to clients at the onset of treatment.

7. **ADVERTISING:**

Addiction Professionals engage in appropriate informational activities, including those that enable laypersons to choose addiction professionals on an informed basis.

ADDICTION PROFESSIONALS:

7.1 Accurately represent their competence, education, training, and experience relevant to their practice as an addiction professional.
7.2 Claim as evidence of educational qualifications only those degrees from regionally-accredited institutions of from institutions accredited by states which license or certify addictions professionals.
7.3 Assure that advertisements and publications, whether in directories, announcement cards, newspapers, or on radio or television, are formulated to convey information that is necessary for the public to make an appropriate selection.
7.4 Do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those participating under the name and do not represent themselves out as being partners or associates of a firm if they are not.
7.5 Do not use any professional identification (such as a professional card, office sign, letterhead, or telephone or association directory listing), if it includes statement or claim that is false, fraudulent, misleading, or deceptive.
7.6 Correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the addiction professional's qualifications, services, or products.

VIOLATIONS OF THIS CODE SHOULD BE REPORTED TO:

ETHICS CHAIR, AADAA, P.O. BOX 33, EVA, ALABAMA 35621[7]

[7] http://www.aadaa.us/ethics/

AADAA Prevention Certification

Minimum Criteria for Prevention Certification is as follows:

Associate Prevention Specialist (APS):

1. One year of experience in Prevention (2,000 hours or 240 Direct Service Hours)
2. 75 Hours of substance abuse education/training. 50% must be in prevention.
3. High School Diploma or GED
4. Supervisor's Evaluations and two (2) Colleague Evaluations.
5. Must be supervised by CPS or CPM
6. Signed "Code of Ethics" and "Releases"
7. Additional Required Education: (4) hours of HIV/AIDS educations; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*

Reciprocal Level Notifications in Prevention (CPS & CPM)

Alabama Certified Prevention Specialist (ACPS):

1. Two years of experience in prevention (4,000 hours) (follow CPS Criteria)
2. HS or GED minimum + passage of ICRC Written Exam

Certified Prevention Specialist (CPS):

1. Two (2) years of experience in prevention (4000 hours)
2. 100 hours of substance abuse education training (50% in prevention)
3. Bachelor's Degree in related field.
4. Supervisor's Evaluations and (3) Colleague Evaluations.
5. Signed "Code of Ethics" and "Releases"
6. Passage of ICRC Written Exam
7. Additional Required Education: (4) hours of HIV/AIDS education; (6) hours of Ethics education; (4) hours of Disruptive Audience Behavior education.*

Certified Prevention Manager (CPM):

1. Same as CPS, plus three (3) years of managerial/supervisory experience in substance prevention.

*To maintain all levels of certification, (4) hours of HIV/AIDS education and (4) hours of Ethics education must be completed every two (2) years.

Domains and Tasks of a Prevention Professional: Program Coordination, Education & Training, Community Organization, Public Policy, Professional Growth and Responsibility, Planning and Evaluation.

Section 6

PREVENTION RESOURCES

STATE OF ALABAMA RESOURCES

Alabama Department of Mental Health
www.mh.state.al.us
Toll Free: 1-800-367-0955
General Information: (334) 242-0727

Mental Illness Services (MI) provides a comprehensive array of treatment services and supports through six state-operated facilities and contractual agreements with community mental health centers across the state. The MI Central Office staff provides oversight and support for the continuum of care through its offices of quality improvement, consumer relations, deaf services, community programs, certification, facilities management, and the indigent drug program.

Over 3,000 individuals are served annually in the state-operated facilities, while over 100,000 receive services in certified community-based programs.

MI promotes recovery-based services and involves all stakeholders in setting and prioritizing service goals designed to meet the needs of the citizens that we serve.

Substance Abuse services are comprised of:

- Contracts and Reimbursement which manages all aspects of the billing contracts management processes, including client enrollment, contract utilization, claims adjudication, and provider reimbursement.

- Certification and Training which manages the program certification process, provides certification and technical assistance services, and provides a comprehensive statewide training and workforce development program for SA.

- Information Technology which is responsible for the data collection, dissemination and reporting for SA. Responsibilities include reporting for the Treatment Episode Data Set (TEDS), National Outcome Measures (NOMS), Substance Abuse Waiting List, client profile

summaries, as well as the management of the Alabama Substance Abuse Information System (ASAIS).

- Prevention which manages all aspects of substance abuse prevention within SA to include the strategic prevention framework, Alabama Epidemiological Outcomes Workgroup, Synar (Tobacco Sales to Minors Program), State Incentive Grant and Regional Information Clearinghouses.

- Treatment and Recovery Services which manages all aspects of substance abuse treatment within SA to include Adolescent Treatment Services, Adult Treatment Services, Co-occurring Disorders, Opiate Replacement Therapy and Medicaid Services.

Alabama Alcoholic Beverage Control Board
www.abcboard.state.al.us
Phone: (334) 271-3840

The Alabama ABC Board controls alcoholic beverages through distribution, licensing, and enforcement as well as education. The Board works to enforce State and Federal laws regarding youth access to tobacco and provide to retailers and the general public information relative to the laws and their consequences. In effort to ensure well-managed distribution of alcohol, the Board also operates a chain of retail stores selling the majority of liquor purchased to consumers in Alabama. Revenues obtained from alcohol taxes and ABC stores fund various state agencies and other recipients, including the Departments of Mental Health and Human Resources, the Special Education Trust Fund, and the State General Fund. The Board's website serves alcohol vendors as well as the general public on in providing information related to ABC stores, licensing regulations and procedures, and enforcement of distribution and consumption laws.

Alabama Department of Economic and Community Affairs (ADECA)
www.adeca.state.al.us
Phone: (334) 242-5100

Part of the Office of the Governor, ADECA assists communities with economic development projects and administers a wide variety of federal and state programs that provide funding to local governments and non-profit agencies throughout the state. ADECA-administered grants work to

create new jobs, spur economic development, support community enhancement, and improve public safety. The Department's website provides information on the various ADECA divisions and programs as well as recent and archived news releases and public hearings. Site users may also access Grant Resources Online, a tool developed by ADECA to assist state and local governments as well as community agencies, faith-based organizations, other non-profits, and individuals to find and apply for assistance programs.

Alabama Department of Human Resources
http://www.dhr.state.al.us
Phone Number: (334) 242-1310
FAX: (334) 353-1115

The Department of Human Resources was created in 1935 to administer to the assistance programs that were part of the Social Security Act. These programs were developed to help an American public that was suffering through the financial hardships of the Great Depression. The agency's original name was the Department of Public Welfare. In 1955, it was renamed the Department of Pensions and Security. The current name was adopted in 1986. Some programs have changed over the years to meet the changing needs of Alabama. However, the agency's primary goal has always been and always will be to help people in need. The agency currently has about 4,200 State Merit System employees, most of who work in the agency's 67 county departments. Although the agency employs a wide variety of professionals, social workers represent the largest category of DHR employees.

Alabama Department of Public Health
www.adph.org
Phone: (334) 206-5300
1-800-ALA-1818

The Department of Public Health for the State of Alabama (ADPH) works with local communities to preserve and protect the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay. The Department's website provides information related to public health issues as well as information on department-provided health

services. Site users may also access various ADPH publications and research state health programs and service providers.

Children's Trust Fund of Alabama (CTF)
www.ctf.state.al.us
Phone: (334) 242-5710
Fax: (334) 242-5711

Alabama's Child Abuse and Neglect Prevention Act, or ACANP, was adopted by the Alabama Legislature in 1983 to address the state's growing problem of child neglect and maltreatment. While several state agencies already existed to deal with different aspects of child abuse, none of these agencies specifically focused on solving the problem *before* it occurred. Alabama needed to create a state agency with its own board, funding and staff to be dedicated solely to preventing child abuse. To address the problem at it's origin, instead of merely addressing the symptoms of what *could have been* prevented The ACANP Act established The Children's Trust Fund. These state dollars are intended to provide annual funding of community based prevention programs throughout the state as well as create a self-sustaining pool of funds to provide for funding these programs in the future.

Criminal Justice Information Center, Alabama
www.acjic.state.al.us
Phone: (334) 242-4900
Fax Number: (334) 242-0577

The Alabama Criminal Justice Information Center is commissioned to collect, store, retrieve, analyze, and disseminate criminal justice data.

Department of Children's Affairs
www.dca.state.al.us
Phone: (334) 223-0502
Fax: (334) 240-3054

The Alabama Department of Children's Affairs provides state leadership to identify, analyze, streamline and coordinate services for the 1.2 million children ages 0-19 throughout Alabama. The Department of Children's Affairs advises the Governor and Legislature in matters relating to children's issues and serves as a liaison between state agencies serving

children; it coordinates state and local efforts through a network of policy councils; seeks grant funding for programs, provides training and facilitation of efforts in every county of the state. It established and maintains the only centralized registry of information concerning children's programs and receives and compiles needs assessments from all counties in order to provide a unified report to the Governor and Legislature regarding the needs of children and families.

Education Television, Alabama Public Television
www.aptv.org
mail to:CLee@aptv.org
Phone Number: (334) 264-9900
Fax Number: (334) 264-7045

The mission of Alabama Public Television is to inspire, educate, inform and entertain the people of our state through noncommercial television and other communication technologies.

Military Department
www.alguard.state.us
Phone Number: (334) 271-7400
Fax Number: (334) 271-7426

The Alabama National Guard is comprised of both Army and Air National Guard components. The Constitution of the United States specifically charges the National Guard with dual federal and state missions.

Postsecondary Education
www.acs.cc.al.us
Phone Number: (334) 242-2900
Fax Number: (334) 242-2888

The Alabama Department of Post-secondary Education (DPE) oversees the state's system of community and technical colleges and a host of economic and workforce development programs.

Public Safety, Department of
www.dps.state.al.us
Phone Number: (334) 242-4371
Fax Number: (334)242-4385

The mission of the Alabama Department of Public Safety is to protect and serve Alabama's residents equally and objectively, enforce state laws and uphold the constitutions of the United State and State of Alabama. Department employees are dedicated to promoting a safe and secure environment for the public by developing and implementing programs to:

- reduce the number and severity of crashes through enforcement and education;
- enhance traffic safety by examining driver applicants, issuing driver licenses, maintaining driving records and removing driving privileges when necessary;
- curtail criminal activity by initiating investigations, providing investigative assistance to other agencies and apprehending criminals;
- educate Alabamians - targeting school-aged children, in particular - regarding all aspects of motor vehicle and traffic safety, drug abuse prevention, crime prevention, and other public safety issues;
- preserve life and protect property by responding to natural disasters, riots, and other emergencies to provide needed services in a timely manner;
- serve the public with courtesy, professionalism, and in fairness to all;
- manage departmental resources effectively and efficiently.

Public Service Commission
www.psc.state.al.us
Phone Number: (334) 242-5218
Fax Number: (334) 242-0509

The mission of the Public Service Commission is to ensure a regulatory balance between regulated companies and consumers in order to provide consumers with safe, adequate and reliable services at rates that are equitable and economical.

Rehabilitation Services, Alabama Department of
www.rehab.stae.al.us
Phone Number: (334) 281-8780
Fax Number: (334) 281-1973

The Alabama Department of Rehabilitation Services' (ADRS) mission is to enable Alabama's children and adults with disabilities to achieve their maximum potential.

Senior Services, Department of
www.adss.state.al.us
Phone Number: (334) 242-5743
Fax Number: (334) 242-5594

The Alabama Department of Senior Services supports a network of agencies and programs throughout the State of Alabama for the following purposes – Secure and maintain independence and dignity of older persons, Remove social and individual barriers, Assure the provision of a continuum of care for the vulnerable elderly, and Develop comprehensive, coordinated systems for older persons.

Veterans Affairs, Department of
www.va.state.al.us
Phone Number: (334) 242-5077
Fax Number: (334) 242-5102

With the ongoing scale down of the military and the aging of World War II veterans, the demands for assistance and services provided by this Department to the 413,000 Alabama veterans plus their dependents have remained constant from the past fiscal year.

Youth Services, Department of
www.dyx.alabama.gov
Phone Number: (334) 215-3800
Fax Number: (334) 215-1453

The mission of the Alabama Department of Youth Services is to enhance public safety by holding juvenile offenders accountable through the use of institutional, educational, and community services that balance the rights and needs of victims, communities, courts, and offenders.

NATIONAL RESOURCES AND REFERENCES

Prevention of Substance Abuse and Mental Illness- SAMHSA
http://www.samhsa.gov/prevention/

Behavioral health is a component of service systems that improve health status and contain health care and other costs to society. Yet, people with mental and substance use disorders, because of their illness, have largely been excluded from the current health care system and rely on public "safety net" programs. Last year alone approximately 20 million people who needed substance abuse treatment did not receive it and an estimated 10.6 million adults reported an unmet need for mental health care. As a result the health and wellness of the individual is jeopardized and the unnecessary costs to society ripple across America's communities, schools, businesses, prisons & jails, and healthcare delivery systems.

The Substance Abuse and Mental Health Services Administration's (SAMHSA) mission is to reduce the impact of substance abuse and mental illness on America's communities. In order to achieve this mission, SAMHSA has identified 8 Strategic Initiatives to focus the Agency's work on improving lives and capitalizing on emerging opportunities.

Center for Substance Abuse Prevention- CSAP
http://www.samhsa.gov/about/csap.aspx

CSAP provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems.

To help Americans lead healthier and longer lives, CSAP promotes a structured, community-based approach to substance abuse prevention through the Strategic Prevention Framework (SPF). The framework aims to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the individual's life span. This approach provides information and tools that can be used by States and communities to build an effective and sustainable prevention infrastructure.

CSAP's Center for the Application of Prevention Technologies – CAPT
http://captus.samhsa.gov/

The Center for the Application of Prevention Technologies (CAPT) provides responsive, tailored, and outcomes-focused training and technical assistance to prevent and reduce substance abuse and associated public health issues across the lifespan. Funded by the Federal Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP), the CAPT assists CSAP grantees—including States, Jurisdictions, and Federally-recognized Tribes and tribal entities— in the application of data-driven decision-making to the selection and implementation of evidence-based practices and programs. Through CAPT efforts, CSAP enhances the skills, knowledge, and expertise of the prevention workforce across the country to support successful implementation of SAMHSA's Strategic Prevention Framework and other CSAP priorities.

The CAPT combines centralized core capacity to ensure overall program direction, management efficiency, and consistency with a decentralized regional network system—Regional Expert Teams (RETs) located in each of the National Prevention Network regions. These RETs consist of regionally-based experts who reflect the diversity of their regions and possess the experience and abilities to serve varied demographic, language, and cultural groups.

Centers for Disease Control and Prevention (CDC), DHHS
www.cdc.gov
Phone: 1-800-311-3435 (toll-free)
Phone: 404-639-3311

Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. Today, CDC is globally recognized for conducting research and investigations and for its action oriented approach. CDC applies research and findings to improve people's daily lives and responds to health emergencies—something that distinguishes CDC from its peer agencies. The agency's website contains information on a wide range of health threats as well as the CDC's role in national health protection.

Community Anti-Drug Coalitions of America (CADCA)
www.cadca.org
Phone: 800-542-2322 (toll-free)

Composed of over 5,000 community coalition members committed to creating safe, healthy and drug-free communities, CADCA represents a comprehensive, community-wide approach to substance abuse and its related problems. As the principal national substance abuse prevention organization working with community-based coalitions and representing their interests at the national level,

CADCA supports its members with technical assistance and training, public policy, media strategies and marketing programs, conferences and special events. CADCA's website contains information related to membership and its current members as well as organization policies, programs, and events.

Military Homefront/Department of Defense (DOD)
http://www.defense.gov
http://www.militaryhomefront.dod.mil
http://www.militaryhomefront.dod.mil/l/substanceabuse
Phone: 1-800-342-9647 (Military Home Front)

Substance abuse prevention efforts in the military began as a result of drug and alcohol abuse problems that became apparent in the 1970s. In response to reports of widespread drug abuse among troops during the Vietnam War, and in recognition of the significance of the alcohol abuse problem in the Services, the Department of Defense (DoD) issued policy directives in 1972 aimed at prevention and treatment of all substance abuse among military personnel. DoD's zero tolerance policy towards drug use resulted in a decrease in the rate of illicit drug use from thirty-seven percent in 1980 to a current rate of below two percent, a decline of approximately ninety percent. However, the results of the DoD Survey of Health Related Behaviors show that the rates of binge drinking and heavy alcohol use continue to remain high amongst military members. The rates for heavy alcohol use are almost twice as high in comparison to the adjusted civilian rate.

Drug Enforcement Administration (DEA), Department of Justice (DOJ)
www.dea.gov
Phone: 202-307-1000

Created in 1973, the DEA serves to enforce the controlled substances laws and regulations of the United States and to bring to the criminal and civil justice systems of the United States, or any other competent jurisdiction, those organizations, and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and to recommend and support non-enforcement programs aimed at reducing the availability of and demand for illicit controlled substances on the domestic and international markets. In carrying out its mission as the agency responsible for enforcing the controlled substance laws and regulations of the United States, DEA's primary responsibilities include: investigation and preparation for the prosecution of major violators of controlled substances laws operating at interstate and international levels; management of a national drug intelligence network in cooperation with federal, state, local, and foreign officials to collect, analyze, and disseminate strategic, investigative, and tactical intelligence information to U.S. law enforcement and intelligence agencies and foreign counterparts; seizure and forfeiture of assets traceable to illicit drug trafficking; enforcement of the provisions of the Controlled Substances Act; coordination and cooperation with federal, state, local, and foreign law enforcement officials on mutual drug enforcement efforts as well as programs designed to reduce the availability of drugs on the U.S. market; responsibility as the single point of contact for the coordination of all programs associated with drug law enforcement counterparts in foreign countries.

Join Together
www.jointogether.org
Phone: 617-437-1500

Join Together is the nation's leading provider of information, strategic planning assistance, and leadership development for community-based efforts to advance effective alcohol and drug policy, prevention, and treatment. The organization supports advocacy for sound alcohol and drug programs and policies through online campaigns, partnerships with other organizations, direct technical assistance, and the development of research-based policy proposals. It also provides current news, research,

and funding opportunities for people working in the fields of tobacco, alcohol, and drug prevention and sponsors national policy panels to study and recommend changes in public and private policies. The organization's website contains information about key issues related to drug and alcohol prevention and treatment policies as well as ways to get involved in the policy process. Site users can also access Join Together's publications, programs information, and literature recommendations.

National Association of State Alcohol and Drug Abuse Directors – NASADAD
http://nasadad.org/

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a private, not-for-profit educational, scientific, and informational organization. The Association was originally incorporated in 1971 to serve State Drug Agency Directors, and then in 1978 the membership was expanded to include State Alcoholism Agency Directors.

NASADAD's basic purpose is to foster and support the development of effective alcohol and other drug abuse prevention and treatment programs throughout every State. The Board of Directors is composed of a President, First Vice President, Vice President for Treatment, Vice President for Internal Affairs, Vice President for Prevention, Past President, Secretary, and Treasurer, as well as 10 regional representatives elected by the Association members in the region. The Washington, DC, office is headed by an Executive Director and includes divisions concerned with Research and Program Applications, Prevention Services, and Public Policy. The office is headquartered at 1025 Connecticut Avenue NW, Suite 605, Washington, DC 20036; telephone (202) 293-0090.

National Clearinghouse for Alcohol and Drug Information (NCADI), SAMHSA, DHHS
www.ncadi.samhsa.gov
Phone: 1-800-729-6686
Phone: 301-468-2600

The National Clearinghouse for Alcohol and Drug Information (NCADI) is the Nation's one-stop resource for the most current and comprehensive information about substance abuse prevention and treatment. NCADI is one of the largest Federal clearinghouses, offering more than 500 items to

the public, many of which are free of charge. Such items include the latest studies and surveys, guides, videocassettes, and other types of information and materials on substance abuse from various agencies, such as the U.S. Departments of Education and Labor, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse. NCADI staffs both English- and Spanish-speaking information specialists who are skilled at recommending appropriate publications, posters, and videocassettes; conducting customized searches; providing grant and funding information; and referring people to appropriate organizations.

National Institute on Alcohol Abuse and Alcoholism (NIAAA), NIH, DHHS
www.niaaa.nih.gov
Phone: 301-443-3860

NIAAA provides leadership in the national effort to reduce alcohol-related problems by: conducting and supporting research in a wide range of scientific areas including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment; coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues; collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work; and translating and disseminating research findings to health care providers, researchers, policymakers, and the public. NIAAA's Web site provides access to pamphlets, brochures, and posters for the public covering a wide range of alcohol-related topics as well as publications for physicians, social workers, clinicians and other health care professionals. Provided also in full text are publications of NIAAA's quarterly, peer-reviewed scientific journal, Alcohol Research and Health.

National Institute on Drug Abuse (NIDA), NIH, DHHS
www.drugabuse.gov
Phone: 301-443-1124

As part of the National Institutes of Health (NIH) and committed to the use of science in the study of drug abuse and addiction and science-based prevention methods, NIDA supports over 85 percent of the world's research

on the health aspects of drug abuse and addiction. NIDA's website provides information on all aspects of drug abuse and prevention, from the latest research and statistics on addiction and treatment to information related to grants and conferences within the drug abuse and prevention research community. The site provides access to publications and other resources for both the general public and researchers, physicians, and other health professionals.

National Institutes of Health (NIH), DHHS
www.nih.gov
Phone: 301-496-4000

Composed of 27 institutes and centers, the NIH is the Federal government's principal biomedical and behavioral research agency and provides leadership and financial support to research into the causes, treatments, and even cures for common and rare diseases. In addition to promoting the diagnosis and prevention of human diseases, the NIH conducts and supports research into the processes of human growth and development, the biological effects of environmental contaminants, and the nature of human physical and mental disorders. The agency also directs programs for the collection, dissemination, and exchange of information in medicine and health, including the development and support of medical libraries and the training of medical librarians and other health information specialists

National Institute of Justice – NIJ
www.nij.gov
Phone: 202- 307-2942
The National Institute of Justice — the research, development and evaluation agency of the U.S. Department of Justice — is dedicated to improving knowledge and understanding of crime and justice issues through science. NIJ provides objective and independent knowledge and tools to reduce crime and promote justice, particularly at the state and local levels.

NIJ's pursuit of this mission is guided by the following principles:

- Research can make a difference in individual lives, in the safety of communities and in creating a more effective and fair justice system.

- Government-funded research must adhere to processes of fair and open competition guided by rigorous peer review.
- NIJ's research agenda must respond to the real world needs of victims, communities and criminal justice professionals.
- NIJ must encourage and support innovative and rigorous research methods that can provide answers to basic research questions as well as practical, applied solutions to crime.
- Partnerships with other agencies and organizations, public and private, are essential to NIJ's success.

National Institute of Mental Health (NIMH), NIH, DHHS
www.nimh.nih.gov
Phone: 1-866-615-NIMH (6464) (toll-free)
Phone: 301-443-4513

As a component of the National Institutes of Health (NIH), the NIMH serves to reduce the burden of mental illness and behavioral disorders through research on mind, brain, and behavior. In pursuit of its mission to promote greater understanding, treatment, and eventually prevention of disabling mental disorders, the NIMH conducts and supports research on mental disorders and the underlying basic science of the brain and behavior; collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses; supports the training of more than 1,000 scientists to carry out basic and clinical research; and communicates information to scientists, the public, the news media, and primary care and mental health professionals about mental illnesses, the brain, behavior, mental health, and opportunities and advances in research in these areas

National Mental Health Information Center, SAMHSA, DHHS
www.mentalhealth.samhsa.gov
Phone: 1-800-789-2647 (toll-free)

Provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Mental Health Information Center provides information about mental health for users of mental health services and their families, the general public, policy makers, providers, and the media via a toll-free number, its website, and more than 600 publications. The Center's website contains information related to mental health and mental health services and initiatives as well as access to the

Center for Mental Health Services (CMHS) publications and various other mental health resources for both professionals and the general public. The site also contains information on Federal grants, conferences, and other events within the mental health community or directed towards mental health issues.

National Prevention Network (NPN)
www.nasadad.org
Phone: 202-293-0090

The National Prevention Network (NPN), a component of the National Association of State Substance/Drug Abuse Directors (NASADAD), is an organization of State alcohol and other drug abuse prevention representatives that provides a national advocacy and communication system for prevention. In conjunction with NASADAD, the NPN works through its network of State prevention representatives to provide leadership, coordination, and communication to its member States and to the prevention field in general. Services provided by the NPN include communication among States to increase awareness and availability of effective and innovative prevention strategies; advocacy at National, State, and regional levels for prevention services; development of recommendations and policy guidelines to guide and enhance State use of prevention resources; and leadership of national campaigns to mobilize cooperation around national prevention efforts. Information on the NPN and its programs may be accessed via NASADAD's website.

National Registry of Evidence-based Programs and Practices - NREPP
www.nrepp.samhsa.gov
Phone: 1-866-436-7377

NREPP is a searchable online registry of more than 190 interventions supporting mental health promotion, substance abuse prevention, and mental health substance abuse treatment. It connects members of the public to intervention developers so they can learn how to implement approaches in their communities.

Office of Juvenile Justice and Delinquency Prevention (OJJDP), DOJ
www.ojjdp.ncjrs.org/pubs/substance.html
Phone: 202-307-5911
Juvenile Justice Clearinghouse (JJC): 800–851–3420 (toll-free)

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) provides national leadership, coordination, and resources to prevent and respond to juvenile delinquency and victimization, supporting states and communities in their
efforts to develop and implement effective and coordinated prevention and intervention programs and to improve the juvenile justice system so that it protects public safety, holds offenders accountable, and provides treatment and rehabilitative services tailored to the needs of juveniles and their families. The OJJDP sponsors numerous research, program, and training initiatives; develops priorities and goals and sets policies to guide federal juvenile justice issues; disseminates information about juvenile justice issues; and awards funds to states to support local programming nationwide through its five organizational components. Through its Juvenile Justice Clearinghouse, the OJJDP provides individuals and organizations with easy access to a comprehensive collection of information and resources on juvenile justice topics—the latest research, descriptions of promising programs, publications on youth-related issues, practical guides and manuals, announcements of funding opportunities, and other useful resources.

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov
Phone: 800-666-3332 (toll-free)

The ONDCP serves to establish policies, priorities, and objectives for the Nation's drug control program. The goals of the program are to reduce illicit drug use, manufacturing, and trafficking, drug-related crime and violence, and drug-related health consequences. Produced by the Director of the ONDCP, the National Drug Control Strategy directs the Nation's anti-drug efforts and establishes a program, a budget, and guidelines for cooperation among Federal, State, and local entities. By law, the Director of ONDCP also evaluates, coordinates, and oversees both the international and domestic anti-drug efforts of executive branch agencies and ensures that such efforts sustain and complement State and local anti-drug activities.

Substance Abuse and Mental Health Data Archive (SAMHDA)
http://www.icpsr.umich.edu/icpsrweb/SAMHDA/

The Substance Abuse and Mental Health Data Archive (SAMHDA) is an initiative of the Office of Applied Studies at the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The goal of the archive is to provide ready access to substance abuse and mental health research data, and to promote the sharing of these data among researchers, academicians, policymakers, service providers, and others. This sharing of data will serve to increase the use of the data in understanding and assessing substance abuse and mental health problems and the impact of related treatment systems. The data archive also is intended to expand the variety of media on which data are available and ensure that data are in a user-friendly format. Current SAMHDA holdings include Monitoring the Future, DAWN, and the National Household Survey on Drug Abuse.

Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS
www.samhsa.gov
Phone: 240-276-2130

Created to focus attention, programs, and funding on improving the lives of people with or at risk for mental and substance abuse disorders, SAMHSA works with the States, national and local community-based and faith-based organizations, and public and private sector providers to treat addiction and dependence, prevent substance abuse, and provide mental health services that ensure to people with or at risk for a mental or addictive disorder the opportunity for a fulfilling life. SAMHSA's budget and its policy and program activities - including discretionary grant programs and communications initiatives - are aligned to reflect a series of core priority areas, among them: co-occurring mental and substance abuse disorders, criminal justice, children and families, aging, substance abuse treatment capacity, strategic prevention framework for substance abuse, mental health system transformation, homelessness, disaster readiness and response, seclusion and restraint, and HIV/AIDS. SAMHSA supports programs, policy, and knowledge development about substance abuse prevention, addiction treatment, and mental health services through three major funding streams: (1) Block and Formula Grants; (2) Targeted Capacity Expansion Grants; and (3) Programs of Regional and National Significance. For detailed

information about current grant opportunities, browse the SAMHSA website and click on "grant opportunities."

Treatment Improvement Exchange - TIE
http://www.treatment.org/
The Treatment Improvement Exchange (TIE) is a resource sponsored by the Division of State and Community Assistance of the Center for Substance Abuse Treatment to provide information exchange between CSAT staff and State and local alcohol and substance abuse agencies. TIE is funded by the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. Information pertaining to the Substance Abuse Prevention and Treatment Block Grant can be found through the TIE website.

NATIONAL AWARENESS OBSERVATIONS

January

National Birth Defects Prevention Month
http://www.nbdpn.org/national_birth_defects_prevent.php

February

13 - 19
Children of Alcoholics Week
http://www.nacoa.org/coaweek_tools.html

March

18 - 24
Poison Prevention Week
http://www.poisonprevention.org/poison.htm

20 - 26
Inhalants and Poisons Awareness Week
http://www.inhalants.org/nipaw.htm

23
Kick Butts Day
http://www.kickbuttsday.org/

April

Alcohol Awareness Month

Child Abuse Prevention Month
http://www.childwelfare.gov/preventing/preventionmonth/index.cfm

Sexual Assault Awareness Month
http://www.nsvrc.org/saam

STD Awareness Month
http://www.cdc.gov/std/sam/

1 - 3
Alcohol-Free Weekend

4 – 10
Public Health Week
http://www.nphw2012.org/

May

Mental Health Month
http://www.mentalhealthamerica.net/go/may

Teen Pregnancy Prevention Month
http://www.advocatesforyouth.org/topics-issues/teen-pregnancy-prevention/1304-tpp

8 - 14
Alcohol & Other Drug-Related Birth Defects Week
http://www.ncadd.org/index.php/programs-a-services/alcoholdrugs-related-birth-defects-awareness/191-ncadd-alcohol-a-other-drug-related-birth-defects-awareness-week

1 - 7
Children's Mental Health Week
http://www.childrensmentalhealthmatters.org/

9 - 13
Suicide Awareness Week
http://www.suicidology.org/about-aas/nspw

31
World "No Tobacco" Day
http://www.who.int/tobacco/en/

June

Home Safety Month
http://www.homesafetycouncil.org/AboutUs/HSM/au_hsm_w001.asp

Safety Month
http://www.nsc.org/nsc_events/Nat_Safe_Month/Pages/home.aspx

27
HIV Testing Day
http://aids.gov/awareness-days/#event-details

July
June 30 – July 4
Sobriety Checkpoint Week

September
Alcohol and Drug Addiction Recovery Month
http://www.recoverymonth.gov/

5 - 11
Suicide Prevention Week
http://www.suicidology.org/about-aas/nspw

10
World Suicide Prevention Day
http://www.iasp.info/wspd/

October
Children's Health Month
http://yosemite.epa.gov/ochp/ochpweb.nsf/content/chm2010.htm

Crime Prevention Month
http://www.ncpc.org/programs/crime-prevention-month

Depression and Mental Health Month
http://www.mentalhealthamerica.net/go/may

Domestic Violence Awareness Month
http://www.ncadv.org/takeaction/DomesticViolenceAwarenessMonth.php

10
World Mental Health Day
http://www.who.int/mediacentre/events/annual/world_mental_health_day/en/index.html

22 - 30
Red Ribbon Week
http://www.imdrugfree.com/

November

Lung Cancer Awareness Month

18
Great American Smokeout Day
http://www.cancer.org/Healthy/StayAwayfromTobacco/GreatAmericanSmokeout/

December

Drunk and Drugged Driving (3D) Prevention Month
http://www.yourhealthinformation.com/HealthNews/drunkdriving.htm

1
World AIDS Day
http://www.worldaidsday.org/

ANNUAL CONFERENCES, MEETINGS AND SEMINARS

CADCA National Leadership Forum
Community Anti-Drug Coalitions of America (CADCA)
http://www.cadca.org/

National Conference on Methamphetamine, HIV& Hepatitis
www.methconference.org

National Conference on Juvenile Justice
Office of Juvenile Justice and Delinquency Prevention (OJJDP)
http://ojjdp.ncjrs.org

Alabama School of Alcohol and other Drug Studies (ASADS)
http://www.asadsonline.com/conference.html

SPR Annual Meeting
Society for Prevention Research (SPR)
www.preventionresearch.org

Appalachian School of Alcohol and other Drug Studies (ApSADS)
www.apsads.org

NASADAD Annual Meeting
National Association of State Alcohol/Drug Abuse Directors
www.nasadad.org

Annual Prevention Conference
Alabama Alcohol and Drug Abuse Association (AADAA)
www.aadaa.us

Annual National Leadership Conference
Underage Drinking Enforcement Training Center (UDETC)
www.udetc.org

National Prevention Network Annual Research Conference
National Prevention Network (NPN)
www.nasadad.org

White House Faith-Based Conference and Community Initiatives
www.dtiassociates.com/FBCI/regionalConf.cfm

Gulf Coast Conference
Drug Education Council
www.drugeducation.org

Section 7

INFORMATION CLEARINGHOUSE

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION INTRODUCTION

The goal of the Clearinghouses is to:

- Strengthen regional substance abuse prevention and treatment activities.
- Facilitate communication and collaboration among a broad range of organizations involved in this effort.
- Disseminate prevention material.
- Provide prevention training/ technical assistance.
- Assist the public on specific topics.
- Provide access to prevention resources.

Services provided by the Clearinghouses focus on awareness, education, training and technical assistance.

North Regional Information Clearinghouse
2300-A McCoy Avenue
Anniston, AL 36201
800-811-8131 or 256-237-8131
E-mail: asaprev@asaprev.com
Website: www.asaprev.com

South Regional Information Clearinghouse
3000 Television Avenue
Mobile, AL 36606
888-350-0151 or 251-4787855
E-mail: info@drugeducation.org
Website: www.drugeducation.org

REGIONAL CLEARINGHOUSE INFORMATION

The State of Alabama currently maintains two regional clearinghouses that serve as a prevention resource center for communities. The counties across the state are divided into two designated regions to receive clearinghouse services. The North Regional Information Clearinghouse, located in Anniston, is provided by the Agency for Substance Abuse Prevention and provides services to 33 counties in Alabama's northern region. The South Regional Information Clearinghouse, located in Mobile, is provided by the Drug Education Council, Inc. and provides the same services to the 34 counties in Alabama's southern region. Funding for both clearinghouses is provided through the Substance Abuse Prevention and Treatment Block Grant. Both clearinghouses work in collaboration to provide prevention resources throughout the state.

Resources available through the Clearinghouses include:

- Brochures, publications and reports related to substance abuse, mental health and other related topics
- Posters
- Teaching aids including videos, books, DVDs, visual aids, etc.
- Novelty items promoting a drug-free lifestyle

RIC MISSION STATEMENT:

The mission of the Regional Information Clearinghouse is to strengthen regional substance abuse treatment and prevention activities, and to facilitate communication and collaboration among a broad range of organizations involved in this effort.

Services provided by the Clearinghouse focus on awareness, education, training and technical assistance.

CLEARINGHOUSE INFORMATION

Hours of operation for the RIC will be determined at each site and listed on printed materials.

The RIC Coordinator and other staff may be contacted by telephone, fax, mail or e-mail to request information or services.

The RIC Coordinator will make every effort to respond to all requests promptly. Special requests for materials or technical assistance will be reviewed and responded to in a timely manner.

Should the RIC not be able to meet a request for any reason a written reply will be issued in a timely manner.

Issues that need clarification regarding the North and South Regional Information Clearinghouses should be addressed first in writing to the Director of the designated clearinghouse. If no resolve is reached the Clearinghouse Liaison may be contacted at 334-353-4362

Types of materials available from the RIC may differ from one site to the other, but will generally include brochures and pamphlets, books, videotapes, audiocassette tapes and internet-based information.
Each RIC will maintain on file a policy for borrowing RIC materials. The RIC may require interested agencies or individuals to complete a Borrower's Agreement prior to the use of RIC materials.

The RIC Coordinator maintains a resource list of available materials. This list is subject to change, based on the availability or need for each item. The RIC Coordinator will keep all resources/materials up-to-date and may periodically conduct surveys of consumers to assess projected needs.

CLEARINGHOUSE REGIONS

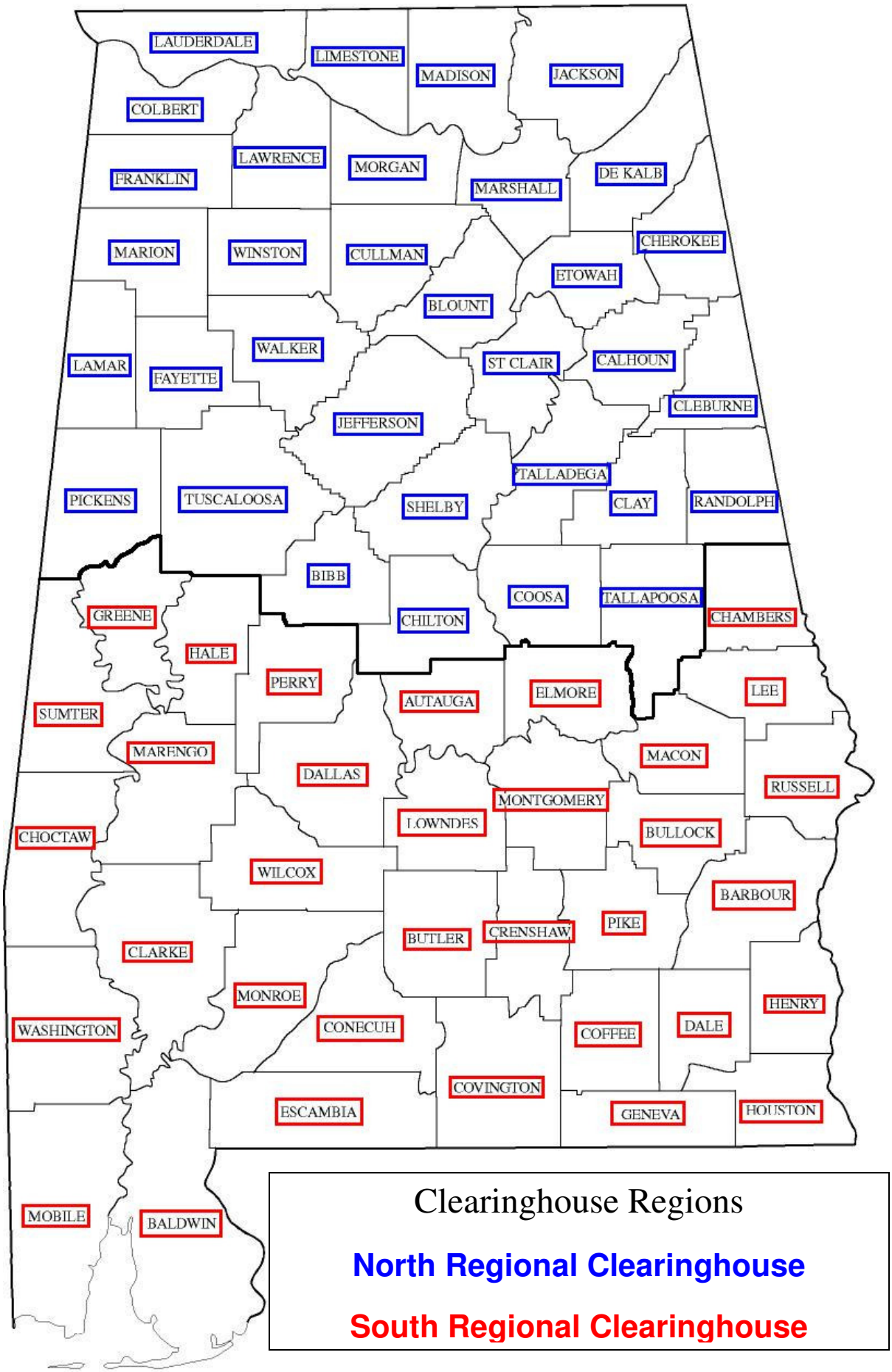
North Regional Clearinghouse Counties:

Bibb	Blount	Calhoun
Cherokee	Chilton	Clay
Cleburne	Colbert	Coosa
Cullman	DeKalb	Etowah
Fayette	Franklin	Jackson
Jefferson	Lamar	Lauderdale
Lawrence	Limestone	Madison
Marion	Marshall	Morgan
Pickens	Randolph	Shelby
St. Clair	Talladega	Tallapoosa
Tuscaloosa	Walker	Winston

South Regional Clearinghouse Counties:

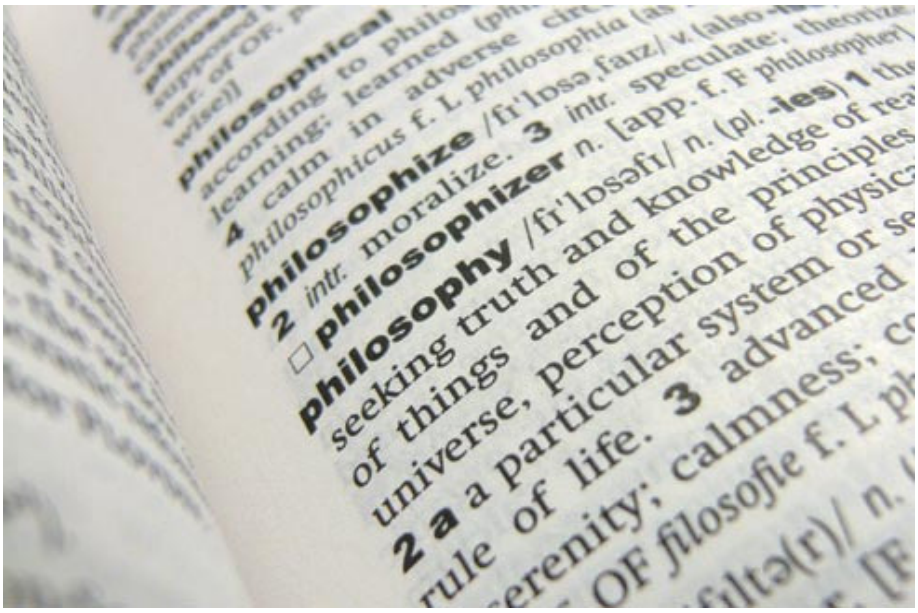
Autauga	Baldwin	Barbour
Bullock	Butler	Chambers
Choctaw	Clarke	Coffee
Conecuh	Covington	Crenshaw
Dale	Dallas	Elmore
Escambia	Geneva	Greene
Hale	Henry	Houston
Lee	Lowndes	Macon
Marengo	Mobile	Monroe
Montgomery	Perry	Pike
Russell	Sumter	Washington
Wilcox		

Figure 7.1: Clearinghouse Regions



Section 8

GENERAL PREVENTION INFORMATION



PREVENTION DEFINITIONS

A

Abstinence - Total avoidance or non-use of substances such as alcohol, tobacco, and illicit drugs.

Abuse - Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social and personal costs.

Access to Services - The extent to which services are available for individuals who need care. Ease of access depends on several factors, including availability and location of appropriate care and services, transportation, hours of operation, and cultural factors, including languages and cultural appropriateness.

Access to Substances - The extent to which illicit and licit substances are available in the home, community, or schools.

Accessing Services and Funding - Assisting States and communities in increasing or improving their prevention and treatment service capacity by developing resources to support those services. Examples include developing and maintaining a resource listing of Federal, State, and local funding programs; accessing and coordinating Federal, State, and local grants; and developing program budgets.

Accountability - Systematic inclusion of critical elements of program planning, implementation, and evaluation in order to achieve results.

Action Plan - Translates the conceptual map represented by a logic model into an operation application, detailing the key tasks that must be completed, including the measurement of outcomes.

Activities - What a program does with its resources to produce outcomes.

Adaptation - Modification made to a chosen intervention (e.g., qualitative and/or quantitative changes to components); changes in audience, setting, and/or intensity of program delivery.

Addiction - A compulsive physiological craving for a habit-forming substance. Addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term "dependence" is often used synonymously to avoid the pejorative connotations of addiction.

Adolescents - 12-20 year olds

Advocacy –Strategies devised, actions taken and solutions proposed to influence decision-making at the local and state level to create positive change for people and their environment.

Age of Onset - In substance abuse prevention, the age of first use.

Agent - In the Public Health Model, the agent is the catalyst, substance, or organism causing the health problem.

Alcohol and Drug Abuse Agency (State) - The State agency designated as the Single State Agency/Authority for the management of Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, including the 20 percent required minimum set-aside for primary prevention.

Alcohol and Drug Abuse Prevention Provider - An entity (agency or organization) whose principal objective is the prevention of substance use or abuse, or a program whose activities are related to education of and/or early intervention with populations at risk for substance abuse or dependency.

Alternative Activities - One of the strategies mandated by the SAPT Block Grant regulations, this strategy provides for the participation of target populations in activities that exclude substance use. The assumption is that constructive and healthy activities offset the attraction to--or otherwise meet the needs usually filled by--alcohol and drugs and would, therefore, minimize or obviate resort to the latter.

Ambulatory Care - All types of health services provided on an outpatient basis, in contrast to services provided in the home or to persons who are inpatients. While many inpatients may be ambulatory, the term ambulatory

care usually implies that the patient must travel to a location to receive services that do not require an overnight stay.

Anecdotal Evidence - Information derived from a subjective report, observation, or example that may or may not be reliable but cannot be considered scientifically valid or representative of a larger group or of conditions in another location.

Antisocial (and Other Problem Behaviors) - Acting disruptive or disrespectful of others. Such actions can be classified as behavior-related problems (e.g., poor conduct and impulsiveness), behavior-related disorders (e.g., attention deficit-hyperactivity disorder), or both.

Approach - A set of prevention strategies that typify a program and can be employed in an intervention setting without adopting the program in total.

Archival Data - Relative to the collection of data for needs assessment purposes, information that is collected and stored on a periodic basis.

Arrestee Drug Abuse Monitoring (ADAM) Program - A program of the National Institute of Justice, formerly known as the Drug Use Forecasting System, which tracks trends in the prevalence and types of drug use among booked arrestees in urban areas.

Assessing Community Needs - Implementing prevention-focused tasks to determine the need for prevention services, identify at-risk and high-risk populations, or determine priority prevention populations for service delivery. Examples are conducting / participating in statewide prevention needs assessments, community prevention needs assessments, or neighborhood needs assessments.

Assets - In social development theory, the individual skills and strengths that can protect against substance abuse.

Assumptions- Suppositions that explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

At Risk - For persons, the condition of being more likely than average to develop an illness or condition, e.g., substance abuse, because of some predisposing factor such as family history or poor environment.

Attribution - The ability to link a particular effect with a specific cause.

Audiences - Prevention messages/programs tailored to particular target population.

B

Baseline - Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program, has been implemented.

Baseline Data - The initial information collected prior to the implementation of an intervention, against which outcomes can be compared at strategic points during and at completion of an intervention.

Behavioral Health - A managed care term that applies to the assessment and treatment of problems related to mental health and substance abuse.

Behavioral Healthcare - A continuum of services to individuals at risk of or suffering from mental, addictive, or other behavioral disorders.

Benchmark – A particular indicator or performance goal. Benchmarks can be described as steps to achieving an overall goal.

Best Practices - Technique, method, process, activities, and incentives regarded as more effective at delivering a particular outcome than any other technique, method, process etc.

Bias - The extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question.

Buffer - A descriptive term to describe an asset, protective factor, condition, behavior, or attitude that serves as a shield or insulator against a harmful condition.

C

Capacity - The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

Case Management - The monitoring and coordination of treatment rendered to covered persons with a specific diagnosis or requiring high-cost or extensive services.

Cause - Something that brings about an effect or a result.

Child Abuse and Neglect - A contributing factor or risk factor for substance abuse.

Classroom Educational Services - Prevention lessons, seminars, or workshops that are recurring and are presented primarily in a school or college classroom.

Clearinghouse/Information Resource Center - A central repository of or a dissemination point for current, factual, and culturally relevant written and audiovisual information and materials concerning substance use and abuse.

COSAs/Children of Substance Abusers - Youth and adults who are children of substance abusers.

Coalition - A union of people and organizations working for a common cause. A partnership and/or alliance of stakeholders.

Collaboration – Coming together to develop and/or generate outcomes with combined resources through mutual decision-making for the mutual benefit of all entities involved.

Community - A group of individuals who share cultural and social experiences within a common geographic or political jurisdiction.

Community Awareness - A perception or recognition on the part of the community that there is a substance abuse problem.

Community-based Process - One of the strategies mandated by the SAPT Block Grant regulations, this strategy aims to enhance the ability of the community to more effectively provide prevention and treatment services for substance abuse disorders. Activities in this strategy include organizing, planning, enhancing efficiency and effectiveness of services implementation, interagency collaboration, coalition building, and networking.

Community Drop-In Centers - Centers that provide community facilities and structured prevention services and that do not permit alcohol, tobacco, or other drug use on their premises. Activities held in these centers include recreation, activities for teens, senior citizens, and children.

Community Mobilization - Enhances the ability of the community to provide prevention services, and includes such activities as organizing, planning, inter-agency collaboration, coalition building, and networking.

Community Norms - Factors or characteristics that indicate the behaviors, values and beliefs of a community.

Community Organization (Theory) - The process by which community groups are helped in order to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching goals they have set.

Community Readiness - The community's awareness of, interest in, and ability and willingness to support substance abuse prevention initiatives.

Compliance Checks- Enforcement of state and federal laws through monitoring and surveillance.

Consumer - An individual who receives care, who purchases care directly, or who selects among health plans purchased on his or her behalf by an employer or another entity.

Continuous Quality Improvement (CQI) - The systematic assessment, feedback, and use of information relevant to planning, implementation, and outcomes.

Continuum of Service - An interrelated continuum of service that includes prevention, intervention and treatment.

Control Group - In experimental evaluation design, a group of participants that is essentially similar to the intervention (i.e., experimental) group but is not exposed to the intervention.

Core Components - Program elements that are demonstrably essential to achieving positive outcomes.

Core Measures - As used in SAMHSA terminology, a compendium of data collection instruments that measure underlying conditions-risks, resources, attitudes, and behaviors of different populations-related to the prevention and/or reduction of substance abuse.

Core Measures Initiative - A CSAP initiative to identify soundly established measurements and factors proven to be successful with prevention.

Cost-Effectiveness Analysis (CEA) - A systematic method for valuing over time the monetary costs and non-monetary consequences of producing and consuming substance abuse program services.

Credentialing - The process of reviewing a practitioner's credentials, i.e., training, experience, or demonstrated ability, for the purpose of determining whether criteria for clinical privileges are met.

Cultural Competence - The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction.

Cultural Diversity - Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Sensitivity - The ability to recognize and demonstrate an understanding of cultural differences.

Culture - The values, traditions, norms, customs, arts, history, folklore, and institutions shared by a group of people who are unified by race, ethnicity, language, nationality, or religion.

D

Data - Information collected according to a methodology using specific research methods and instruments.

Data Analysis - The assessment, interpretation, and/or appraisal of systematically collected information.

Data Driven - A process whereby decisions are informed by and tested against systematically gathered and analyzed information.

Data Source - The entity (person or device) providing responses to measurement devices.

Data Targets - The who or what that is being evaluated.

Defined Population -People whose attitudes, knowledge, skills, risks/assets, and behaviors are to be strengthened or changed. Also known as the target group, the population of interest, or the target population/group.

Delinquent/Violent Youth - Youth who display risk factors for delinquency or violence or who have been determined to be delinquent or violent.

Demographics - The characteristics of a human population, including sex, age, socioeconomic status (SES), and so forth.

Demographic Data – Data that describes a place and the people living in a community. Commonly collected demographic data include size, population, age, ethnic/cultural characteristics, socio-economic status, and languages spoken.

Dependence - A mental and sometimes physical state resulting from taking a drug, characterized by a compulsion to take a drug on a continual or periodic basis.

Descriptors - A word or phrase used to identify an item in an information retrieval system.

Documentation - Entails keeping records, collecting data, and making observations in order to obtain specific kinds of information, such as the rates of alcohol-related problems, consumption, and sales.

Domains - Areas of activity that include the individual, family, peers, school, community, and environment. Within each domain are characteristics and conditions that can function as risk or protective factors, thus each of these domains presents opportunities for prevention.
Domestic Violence - Domestic violence is violence occurring in the home and inflicted by one spouse on another, by a parent upon a child or children, or vice versa, or by one sibling on another. Domestic violence is a contributing factor or risk factor for substance abuse.

Drug Free Communities Act (DFCA) - This Act serves as a catalyst for increased citizen participation in our efforts to reduce substance abuse among our youth and provide community anti-drug coalitions with much needed funds to carry out their important missions. The Act provides for grants to coalitions of representatives of youth, parents, businesses, the media, schools, and other organizations.

Drug Free Workplace Act - The 1988 Federal act that laid the groundwork for subsequent regulation of workplace drug testing.

DUI/DWI/MIP Programs - In states that count Driving Under the Influence (DUI), Driving While Intoxicated (DWI), and Minor in Possession (MIP) programs as a prevention service, structured prevention education programs intended to change the behavior of youth and adults who have been involved in the use of alcohol and/or other drugs while operating a motor vehicle.

E

Economically Disadvantaged Youth/Adults - Youth and adults considered to be underprivileged in material goods due to poor economic conditions.

Education - One of the six prevention strategies mandated by the SAPT Block Grant. This strategy involves two-way communication between an educator or facilitator and participants.

Effect - A result, impact, or outcome.

Effective Prevention Programs - Effective Prevention Programs (as defined by CSAP's National Registry of Effective Prevention Programs [NREPP]) are science-based programs that produce a consistent, positive pattern of results.

Effective Program - In CSAP's terminology, an intervention that builds upon established theory, comprises elements and activities grounded in that theory, demonstrates practical utility for the prevention field, has been well implemented and well evaluated, and has produced a consistent pattern of positive outcomes.

Effectiveness - The ability to achieve stated goals or objectives, judged in terms of outcomes and impact.

Empirical Data- Relying on or derived from observation or experiment. Information derived from measurement made in “real life” situations (e.g. focus groups, one-on-one interviews).

Employee Assistance Programs (EAPs) - Programs to assist employees, their family members, and employers in finding solutions for workplace and personal problems.

Entity - An agency or organization that provides substance abuse prevention services as prescribed by the State in which it is located.

Environment - In the Public Health Model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Analysis - An assessment of the formal and informal policies and the social, physical, or cultural conditions affecting an individual or a community.

Environmental Approaches - One of the six strategies mandated by the SAPT Block Grant regulations. This strategy establishes or changes community standards, codes, and attitudes and thus influences incidence and prevalence of substance abuse. Approaches can center on legal and regulatory issues or can relate to service and action-oriented initiatives.

Environmental Factors - Factors that are external or perceived to be external to an individual but that may nonetheless affect his or her behavior.

Epidemiological Data – Measures of the frequency, distribution and causes of diseases in a population, rather than in an individual.

Epidemiology - The study of the determinants and distribution of disease with respect to person, place, or time. It is the basic science of developing and applying disease prevention and control.

Epidemiology Work Group-Designated professionals engaged in the collection of vital research data and statistics for the purpose of addressing the prevention of an identified issue, e.g. preventing alcohol and other drug problems.

Ethnicity - Belonging to a common group-often linked by race, nationality, and language--that shares a cultural heritage and/or origin.

Evaluation - Helps organizations recognize what they have done well and what areas need improvement. The process of evaluation involves measuring the impact of programs and practices to understand their effectiveness and any need for change. Evaluation efforts therefore greatly influence the future planning of a program. It can also impact sustainability, because evaluation can show sponsors that resources are being used wisely.

Evaluation Goal - Statement of the ultimate outcome of an evaluation.

Evaluation Instruments - Specially designed data collection tools (e.g., questionnaires, survey instruments, structured observation guides) to obtain measurably reliable responses from individuals or groups pertaining to their attitudes, abilities, beliefs, or behaviors.

Evaluation Objectives - Statements of shorter-term, measurable outcomes of an evaluation.

Evaluation Plan - The systematic blueprint detailing all the evaluation aspects of the project including the database structures to manage the project data.

Evidence-based Program - A program that is theory-driven, has activities/interventions related to the theory of change underlying the program model, has been well implemented, and has produced empirically verifiable outcomes, which are assumed to be positive.

F

Faith Community - A community that includes religious groups or churches.

Family - Parents (or persons serving as parents) and children who are related either through biology or through assignment of guardianship, whether formally (by law) or informally, who are actively involved together in family life and who share a social network, material and emotional resources, and sources of support.

Fidelity - Agreement (concordance) of a replicated program model or strategy with the specification of the original. On a continuum of high to low, where high represents the closest adherence to the developer's design, the degree of fit between the developer-defined components of a substance abuse prevention intervention and its actual implementation in a given organizational or community setting.

Focus Group - A representative group of people questioned together about their opinions, usually in a controlled setting. Focus groups are widely used as a method of gathering qualitative data.

Framework - A general structure supporting the development of theory.

G

Gatekeeper Model - A situation in which a primary care provider, the "gatekeeper," serves as the consumer's contact for healthcare and referrals. Also called *closed access* or *closed panel*.

General Population - Youth and adult citizens of a State rather than a specific group within the general population.

Geographic Information System (GIS) - A Geographic Information System (GIS) is software that can graphically present any type of data that is associated with a geographic reference. It can help you map substance abuse risks and prevention priority locations. A demographic data example could be average family income levels (with levels indicated by different colors) displayed on geographic area maps such as census tracts, counties, or States.

Goal - The clearly stated, specific, measurable outcome(s) or change(s) that can be reasonably expected at the conclusion of a methodically selected intervention.

Grant Funding Announcement/Application (GFA) - Federal agencies periodically describe the types of programs and projects for which they intend to award grants, and publish these announcements in the *Federal Register* and other publications.

H

Health Disparities - Includes basic, clinical and social sciences studies that focus on identifying, understanding, preventing, diagnosing, and treating health conditions such as diseases, disorders, and other conditions that are unique to, more serious, or more prevalent in subpopulations in socioeconomically disadvantaged (i.e., low education level, live in poverty) and medically underserved, rural, and urban communities.

Health Education - Health education in schools can include an alcohol, tobacco, and drug educational program that teaches students about the dangers and risks associated with their use, fostering a more accurate perception of norms than they may receive from the media or peers.

Health Fair - Generally, a school or community-focused gathering, such as a carnival or bazaar, traditionally held for barter or sale of goods, often for charity. These events offer an opportunity to disseminate materials and information on substance abuse prevention and health-related issues.

Health Professionals - Individuals employed by or volunteering for health care services.

Health Promotion - A wide array of services and methods for dissemination of information intended to educate individuals, schools, families, and communities about specific substance abuse and health-related risks, risk-reduction activities, and other activities to promote positive and healthy lifestyles.

Homeless/Runaway Youth - Youth and adults who do not have a stable residence or who have fled their primary residence.

Host - In the Public Health Model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Human Resources- Individuals that staff and operate an organization rather than its financial and material resources. Human resources can, and in coalition work generally do, include volunteers.

I

Illegal Drugs - Refers to drug use. For example, an underage person who buys or possesses alcohol, a licit drug, is doing so illegally.

Illicit - Refers to drugs themselves. All illegal drugs are illicit, but alcohol and tobacco may be either licit or illicit, depending on whether they are used legally or illegally.

Impact - The long-term effect and/or influence of the intervention on the conditions described in baseline data.

Impact Evaluation - A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities (e.g., an impact

evaluation could show that a decrease in a community's crime rate is the direct result of a program designed to provide community policing).

Impaired Driving - Impaired driving is the joint occurrence of (1) driving a vehicle and (2) having a BAC of 0.1 (0.08 in some States) or greater or being under the influence of some other psychoactive substance.

Implementation Assessment - In general, this term is used as a synonym for process evaluation. Process evaluation focuses on how a program was implemented and operates.

Implementation Plan - A plan that enables the program manager to gain control by identifying the functional and specialized requirements of the carefully chosen intervention; to pull together the team that must work together to produce a whole -- without gaps, friction, or unnecessary duplication of effort; and to identify performance expectations for each of the program components.

Incidence - A measure of the number of people (often in a defined population) who have initiated a behavior--in this case drug, alcohol, or tobacco use--during a specific period of time.

Indicated- One of the IOM Model classifications for strategies designed for persons who are identified as having minimal but detectable signs or symptoms or precursors of some illness or condition, but whose condition is below the threshold of a formal diagnosis of the condition.

Indicator - A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective.

Information Dissemination - One of the six prevention strategies mandated by the SAPT Block Grant. This strategy focuses on building awareness and knowledge of the nature and extent of substance use, abuse and addiction, and their effects on individuals, families, and communities, as well as dissemination of information about prevention programs and resources. The strategy is characterized by one-way communication from source to audience, with limited contact between the two. Examples include clearinghouses, resource directories, media campaigns, speaking engagements, and health fairs.

Institute of Medicine - As part of the National Academy of Sciences, the mission of the Institute of Medicine (IOM) is to advance and disseminate scientific knowledge to improve human health. The IOM is a private, non-governmental organization and does not receive direct Federal funding. The Institute provides objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions, and the public.

Instrument - An ordered set of measures or a device researchers use to collect data in organized fashion, such as a standardized survey or interview protocol.

Integrity - The level of credibility of study findings based on peer consensus ratings of quality of implementation and of evaluation methods.

Intervening Variables- Factors in a community that have been identified as contributing (being strongly related and/or influence) to the occurrence of substance use problems and consequences.

Intervention - An activity or set of activities to which a group is exposed in order to change the group's behavior. In substance abuse prevention, interventions are used to prevent or lower the rate of substance abuse or substance abuse-related problems.

K

Key Informant Interview - Interview with a member of, or someone who is knowledgeable about, the social phenomena you wish to study.

L

Lead Agency - The organization responsible for fiscal management and performance accountability.

Licit Drugs - Drugs that are legal to use, such as medicines and alcohol and tobacco. Note that it is possible to misuse a licit drug, as occurs with some prescription drugs and when tobacco and alcohol are used by underage persons.

Lobbying- The practice of trying to persuade legislators to propose, pass, or defeat legislation or to change existing laws.

Logic Model - A graphic depiction of the components of a theory, program, initiative, or activity; shows the program's components and plausible linkages between the program components.

Long-term Outcomes - The change(s) that result from the program or intervention over time.

M

Mainstream – The ideas, attitudes, or activities that are shared by most people and regarded as normal or conventional.

Measure - An assessment item or ordered set of items (see Outcome Measure and Process Measure). Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators, but more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question exactly how will it be measured.

Media - All the means of communication as newspapers, radio, TV that provide the public with news, entertainment, etc., usually along with advertising.

Media Advocacy (Theory) - This theoretical and innovative approach aggressively promotes health awareness and policy changes with the aid of mass media. This approach increases public concern, improves response to public health issues, and is often used in community models.

Media Campaigns - Structured activities that use print and broadcast media to deliver prevention information or health promotion messages relative to substance abuse. In contrast with PSAs, campaign messages are usually more than five minutes long; printing of ads with "no-use" messages; distribution of signs to stores and businesses; distribution of bumper stickers, posters, etc.; use of national substance abuse prevention media materials tagged to a state or community and prevention ads and messages in newspapers.

Mentoring – Exposing youth to positive adult role models and encourages high academic and professional standards. Activities may include tutoring, recreational activities, attending sporting or cultural events, and performing community service.

Methodology - A procedure for collecting and analyzing data.

Milestone- A significant point of achievement or development which describes progress toward a goal.

Misuse - Occurs when people of legal age use legal substances in a harmful way.

Mobilization - The process of bringing together and putting into action volunteers, community stakeholders, staff, and/or other resources in support of one or more prevention initiatives.

Model Program - In CSAP's terminology, model programs have all of the positive characteristics of effective programs with the added benefit that program developers have agreed to participate in CSAP-sponsored training, technical assistance, and dissemination efforts.

Morbidity - Any subjective or objective departure from a state of physiological or psychological well-being. (Sickness, illness, and morbid condition are synonyms in this sense.); an actuarial determination of the incidence and severity of sicknesses and accidents in a well-defined class or classes of persons.

Mortality - An actuarial determination of the death rate at each age as determined from prior experience.

Memorandum of Understanding (MOU) and/or Memorandum of Agreement (MOA) - A Memorandum of Understanding, most commonly encountered, resembles a list of contractual terms that two parties have negotiated; maybe signed, but may expressly state that it is not enforceable. A Memorandum of Agreement is frequently encountered and may overlap the meaning of an MOU, but is more likely a summary of an actual contractual agreement, more likely to be final and enforceable, or evidence that a contract was formed; but not the actual contract itself.

Whether either one of these is enforceable as a contract depends upon its substance, not its label.

Multicultural - Intended for or about two or more distinctive cultures.

N

Non-quantifiable - Costs, such as social costs, which cannot be measured. Sometimes ad hoc methods are used to put estimates on non-quantifiable costs, rather than leave them out of the evaluation altogether.

Norms – The conduct or typical way of behaving for a certain group or community.

Number of Units - The number of prevention items counted, disseminated, or developed (e.g., number of brochures). It is not the number of participants, attendees, unit costs, or units of time such as hours.

O

Objective - Specific results or effects of a program's activities that must be achieved in pursuing the program's ultimate goals; or measurable statements of the expected changes in risks, assets, or other underlying conditions.

Outcome Evaluation - The systematic assessment of the results or effectiveness of a program or activity; a type of evaluation used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" It yields evidence about the effects of a program after a specified period of operation.

Outcome Measures - Assessments that gauge the effect or results of services provided to a defined population. Outcomes measures include the consumers' perception of restoration of function, quality of life, and functional status; as well as objective measures of mortality, morbidity, and health status.

Outcomes - The extent of change in targeted attitudes, values, behaviors, or conditions between baseline measurement and subsequent points of measurement. Depending on the nature of the intervention and the theory

of change guiding it, changes can be immediate, intermediate, final, and longer term outcomes.

P

Parenting/Family Management Services - Structured classes and programs intended to assist parents and families in addressing substance abuse risk factors, implementing protective factors, and learning about the effects of substance abuse on individuals and families.

Participant - An individual formally enrolled or registered in a recurring prevention service. Demographic data (age, race/ethnicity, and gender) are collected for participants.

Partnerships – Groups or organizations that work together on specific issues or projects.

Peer Leader/Helper Programs - Structured, recurring prevention services that utilize peers (people of the same rank, ability or standing) to provide guidance, support, and other risk reduction activities for youth or adults.

Policy- A governing principle pertaining to goals, objectives, and/or activities; a decision on an issue not resolved on the basis of facts and logic only. For example, the policy of expediting drug cases in the courts might be adopted as a basis for reducing the average number of days from arraignment to disposition.

Post-test - The test administered at the end of the data gathering sequence of an evaluation; usually after the program or activity being evaluated has been completed.

Practice- A customary way of operation or behavior

Precipitating Factors - Conditions or events that prompt or facilitate another condition or event.

Predictive - One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other.

Pretest - The collection of measurements before an intervention to assess its effects.

Prevalence - The number of instances of a given disease or other condition in a given population at a designated time; in general epidemiological terms, the number of new plus old cases existing at or during a specified time.

Prevention - A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

Prevention Assessment and Referral Services - Refers to those activities intended to provide a risk screening, assessment, and referral to prevention service populations for placement in prevention or other appropriate services.

Prevention Strategies - The SAPT Block Grant regulations require that each State receiving a block grant adopt a comprehensive prevention program that includes a broad array of prevention strategies for individuals not identified to be in treatment. These strategies (defined separately in this glossary) include information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental approaches.

Prevention/Treatment Professionals - Individuals employed as substance abuse prevention or treatment professionals, e.g., counselors, therapists, prevention professionals, clinicians, prevention or treatment supervisors, and agency directors.

Principles of Effectiveness (U.S. Department of Education) - According to the Department of Education, to ensure that recipients of Title IV funds use those funds in ways that preserve State and local flexibility and are most likely to reduce drug use and violence among youth, a recipient shall **(1)** base its programs on a thorough assessment of objective data about the drug and violence problems in the schools and communities served; **(2)**

with the assistance of a local or regional advisory council where required by the SDFSCA, establish a set of measurable goals and objectives and design its programs to meet those goals and objectives; **(3)** design and implement its programs for youth based on research or evaluation that provides evidence that the programs used prevent or reduce drug use, violence, or disruptive behavior among youth; and **(4)** evaluate its programs periodically to assess its progress toward achieving its goals and objectives; use its evaluation results to refine, improve, and strengthen its program; and to refine its goals and objectives as appropriate.

Problem Identification and Referral - Another prevention strategy mandated by the SAPT Block Grant regulations. It aims to identify those who indulged in illegal or age-inappropriate use of tobacco or alcohol, and identify first use of illicit drugs in order to reverse their behavior in the early stages.

Process Evaluation - Process evaluation focuses on how a program was implemented and operates. It identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out. It addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program's development and operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.

Process Measures - Measures of participation, "dosage," staffing, and other factors related to implementation. Process measures are *not* outcomes, because they describe events that are inputs to the delivery of an intervention.

Promising Program - The first of three categories of science-based programs on a continuum, that concludes with model programs. Promising programs are those that have been reasonably well evaluated, but the positive findings are not yet consistent enough or the evaluation not yet rigorous enough, for the program to qualify as an effective program. CSAP's hope is that promising programs, through additional refinement and evaluation, will evolve into effective and model programs.

Protective Factors - Conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks.

Provider (Participating Provider) - Individuals and/or organizations that directly deliver prevention, treatment, and maintenance services to consumers within the defined plan.

Provider ID - The identification number or code of a specific prevention agency or organization.

Public Health Model of Prevention - This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. (The **agent** is the substance, the **host** is the individual using the substance, and the **environmen**t is the social and physical context of use.) A public health model, using the science of epidemiology, stresses that problems arise through the relationships and interactions among host, agent, and environment. Primary prevention is the focus of CSAP.

Public Policy Efforts - Activities intended to reflect efforts to change public policy about ATOD and to provide a community standard in the management of underage drinking and smoking and related behaviors.

Q

Qualitative Data - Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). These types of data are used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. The strength of qualitative data is their ability to illuminate evaluation findings derived from quantitative methods.

Quality Assurance (QA) - A formal set of measures, requirements, and tasks to monitor the level of care being provided; such programs include peer or utilization review components to identify and remedy deficiencies in quality. The program must have a mechanism for assessing effectiveness and may measure care against pre-established standards.

Quality of Care - The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quantitative Data - Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale. In evaluation studies, quantitative data includes measures that capture changes in targeted outcomes (e.g., substance use) and intervening variables (e.g., attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.

R

Race - A socially defined population based on visible, genetically transmitted physical characteristics.

Recurring Prevention Service - A prevention service provided to a fixed group of people at risk for substance use or abuse, which is enrolled for a fixed period of time in a planned sequence of activities. The activities, through the practice or application of recognized prevention strategies, are intended to inform, educate, develop skills, alter risk behaviors, deliver services, and/or provide referrals to other services.

Recurring Service Session Number - An incremental number denoting the session number of a recurring prevention service (01 for the first session, 02 for the second session). For single prevention services, the number in this field will always be 00 (zeroes).

Reliability - The consistency of a measurement, measurement instrument, form, or observation over time. The consistency of results (similar results over time) with similar populations, or under similar conditions, confirms the reliability of a measure.

Representative Sample - A segment of a larger body or population that mirrors the characteristics of the larger body or population.

Research- A systematic study or investigation of a field of knowledge to discover or establish facts or principles

Resilience - Refers to the ability of an individual to cope with or overcome the negative effects of risk factors or to "bounce back" from a problem. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.

Resistance Skills Training - Resistance skills training programs are designed to increase the ability of youth to withstand the pressure of temptation to use alcohol, tobacco, or drugs.

Resources - Social, fiscal, recreational, and other community support that presently target substance abuse prevention and/or reduction.

Risk Factor - An exposure that is statistically related in some way to an outcome.

S

School Survey - Using a specially designed instrument, to collect information relevant to school administration, student attitudes and behavior, and/or student performance.

School-Based Prevention - Schools as a venue for prevention programs; as the Department of Education ensures that schools include substance abuse prevention. School-based prevention can be sustained over a long period of time (theoretically throughout most of a child's developmental stages); it is given to a more or less "captive audience".

Science-Based Prevention - "Science-based" refers to a process in which experts use commonly agreed-upon criteria for rating research interventions and come to a consensus that evaluation research findings are credible and can be substantiated. From this process, a set of effective principles, strategies, and model programs can be derived to guide prevention efforts. This process is sometimes referred to as research- or evidence-based.

Science-Based Program - A program that is theory-driven, has activities related to theory, and has been reasonably well implemented and well evaluated.

Screening - A clinical screening is a preliminary gathering and sorting of information used to determine whether an individual has a problem with AOD abuse, and if so, whether a detailed clinical assessment is appropriate.

Selected – One of the IOM Classifications; Selected prevention is desirable only when the individual is a member of a subgroup whose risk of becoming ill is above average. Subgroups can be based on age, gender, occupation, or family history.

Self-Efficacy - Confidence in one's ability to do a particular behavior. This factor is a component of the social learning/social cognitive theory.

Single State Agency/Authority (for substance abuse treatment and prevention) - Each State has a designated agency for substance abuse treatment and prevention that is the recipient of Federal block grant (see SAPT block grant, above) funds. These agencies may be free-standing entities or bureaus of the State's department of health and human services. They may also be part of the office of the governor.

Skills Building - Skills building programs in schools are designed to increase life skills, including social and academic abilities. Curriculum topics may include such areas as stress management, self-esteem, problem solving, social networks, and peer resistance.

Small Group Sessions - Provision of educational services to youth or adults in groups of not more than 16 members. Examples are substance abuse education groups, short-term education groups, youth education groups, parent education groups, business education groups, and church education groups.

Social Bonding - Social bonding is a protective factor for youth. Studies show that young people who establish a bond with societal norms and standards are less likely to develop substance abuse problems. Youth who are bonded have a stake in their society and good reasons not to abuse substances.

Social Development Model - A model that seeks to explain behaviors-which are themselves risk factors for substance abuse-by specifying the socialization process (the interaction of developmental mechanisms carried

out through relationships with family, school, and peers) that predicts such behavior.

Social Indicator - A measure of a social issue that has been tracked over time; social indicators are often used to document levels of community and group risk, and to serve as proxies for the existence of social problems, such as substance use/abuse.

Social Learning / Social Cognitive Theory - Suggests that people learn not only through their own experiences, but also through the environment, by observing others, or being influenced by peer norms. Some of the main concepts include reciprocal determinism, observational learning, self-efficacy, reinforcement, and behavior capability. This interpersonal-level theory pays close attention to the relations between persons and how this may affect their behavior.

Social Marketing - Using commercial marketing techniques to develop, implement, and evaluate programs designed to influence the behavior of a target audience. Social marketing integrates health communication theory into research and practice. The six-stage process includes planning, channel selection, materials development, implementation, effectiveness evaluation, and revision. Social marketing often relies on the use of mass media.

Social Networks - Set of relationships among individuals within a person's web of social ties. The structure of social networks can be described in terms of interpersonal and inter-relational characteristics within the network of people and their interactions. Social networks are characterized by size and density; frequency of interaction and reciprocity; affective support, instrumental support, and social outreach.

Social Planning - This community change model is another component of the community organization model. Social planning creates specific task goals and objectives developed by community members with expert assistance in order to engage in problem solving within the community.

Social Resources- Relationships with stakeholders inside and surrounding a community that enables service to an important niche in a community's "ecology" as it relates to substance abuse.

Social Support - The functional content of relationships that can be categorized along four types of supportive behaviors: emotional support, instrumental support, informational support, and appraisal support. *Emotional* support is empathy, love, trust, and caring expressed to the person in need. *Instrumental* support is tangible aid and services that assist a person in need. *Informational* support is advice, suggestions, and information that can be used to address problems. *Appraisal* support is information that can be used for self-evaluation, such as feedback, affirmation, and social comparison.

Socio-demographic Factors - Social trends, influences, or population characteristics that affect risks, attitudes, or behaviors related to substance abuse. Such factors can have an indirect but powerful influence.

Stakeholders - All members of the community who have a vested interest (a stake) in the activities or outcomes of a substance abuse intervention. In general, groups or persons with a vested interest in something tangible or intangible.

Standardized Instruments - Assessments, inventories, questionnaires, or interviews tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.

State Incentive Grants (SIGs) – Grants awarded to governors of states with an emphasis on collaboration; forming prevention councils and statewide advisory committees to advise them on how to allocate prevention dollars. As a result of the SIG program's emphasis states are beginning to regard substance abuse prevention from a broader, systems standpoint. By consensus, SIG States have developed a comprehensive evaluation framework, identified common measures, and selected standardized instruments to be used across sites. CSAP has awarded 21 of these grants, also called Targeted Prevention Capacity grants.

Strategic Planning - Disciplined and focused efforts to produce decisions and activities to guide the successful implementation of an intervention.

Strategy- A plan of action that identifies the overarching approach of how to achieve intended results.

Student Assistance Programs - Structured prevention programs intended to provide substance abuse information for students whose substance abuse may be interfering with their school performance. Examples are early identification of student problems, referral to designated helpers, follow-up services, in-school services (e.g., support groups), screening for referral, referral to outside agencies, and school policy development.

Substance Abuse - Abuse of or dependency on alcohol, tobacco and other drugs.

Sustainability - The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Synar Amendment - The SAMHSA regulation requires the State to have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under the age of 18; enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18; conduct annual random, unannounced inspections in such a way as to provide a valid sample of outlets accessible to youth; and develop a strategy and timeframe for achieving an inspection failure rate of less than 20 percent of outlets accessible to youth.

T

Target Population - The group of persons (usually those at high risk) whom program interventions are designed to reach.

Targeted Message - A message designed to appeal to a specific group or subset of the general market. Target audiences may be based on race, ethnicity, age, gender, income level, occupation, health, behavior, or a combination of these or other factors.

Technical Assistance (TA) - Services provided by professional prevention staff intended to provide technical guidance to prevention programs, community organizations, and individuals to conduct, strengthen, or enhance activities that will promote prevention. Services recorded under this service type code should be viable technical assistance that will lead to a final product.

Technical Capacity - Specialized skills or specific expertise required for program implementation and sustainability.

Theory of Change- A premise that creates a commonly understood vision of a problem being addressed, and the evidenced-based strategies proven to address the problem

Tip Line – A confidential call-in phone line available to share anything about a crime, a planned crime, or suspicious activity.

Training- Delivering structured substance abuse prevention training events intended to develop proficiency in prevention program design, development, and delivery skills. General public education or serving as a guest speaker at a training delivery is not included in this set of services.

Treatment - Screening for already existing disorders and appropriate standard care, including efforts to avoid relapse.

U

Underage Drinking - Underage drinking occurs when anyone under age 21 drinks alcohol in any amount or form.

Underlying Factors - Behaviors, attitudes, conditions, or events that cause, influence, or predispose an individual to resist or become involved in problem behavior, in this case, substance abuse. See also "Risk and Protective Factors".

Universal – One of the IOM classifications; Universal prevention measures are desirable for everyone in the eligible population, both general and specific groups. Often such measures can be applied without professional advice or assistance. The benefits outweigh the risks and costs for everyone.

V

Validity - The extent to which a measure of a particular construct/concept actually measures what it purports to measure.

Vision Statement- A statement that captures as concisely as possible, what a group is striving to do. This statement should be realistic and credible, well-articulated and easily understood, appropriate, ambitious, and responsive to change.

Vulnerable Populations - Refers to children, elderly persons, and persons with disabilities.

W

Wellness Program - Programs typically oriented toward healthy lifestyle and preventive care that may decrease healthcare utilization and costs.

Workplace Prevention - Preliminary information and prevention materials to promote health in the workplace, improve attitudes and behavior related to health, including substance abuse prevention.

Wraparound Services - Services that address consumers' total healthcare needs in order to achieve health or wellness. These services "wrap around" core clinical interventions, usually medical. Typical examples include such services as financial support, transportation, housing, job training, specialized treatment, or educational support.

Common Acronyms

AA – Alcoholics Anonymous

AADAA – Alabama Alcohol and Drug Abuse Association

ABC (Board) – Alcoholic Beverage Control

ACA – American Council on Alcoholism

ACAP – American Council on Alcohol Problems

ACDI – American Council for Drug Information

ACoA – Adult Children of Alcoholics

ADPA – Alcohol and Drug Problems Association of North America

ADAPT – America's Drug Abuse Prevention Team

ADMS – Alcohol, Drug Abuse, and Mental Health Services

AEOW – Alabama Epidemiological Outcomes Workgroup

AI – Advocacy Institute

AIDS- Acquired Immunodeficiency Syndrome

AMERSA – Association for Medical Education and Research in Substance Abuse

AMHCA – American Mental Health Counselors Association

AMSAODD – American Medical Society on Alcoholism and Other Drug Dependencies

APHA – American Public Health Association

APS – Alabama Prevention Specialist

ASAIS – Alabama Substance Abuse Information System

ASAM – American Society of Addiction Medicine, Inc.

ATOD – Alcohol, Tobacco and Other Drugs

AYWC – American Youth Work Center

BADD – Bartenders Against Drunk Driving

BATF – Bureau of Alcohol, Tobacco and Firearms

CAPT – Center for the Application of Prevention Technologies

CASA – Center on Addiction and Substance Abuse

CLI – Community Level Instrument

COA – Children of Alcoholics

COAF – Children of Alcoholics Foundation

COSA – Children of Alcoholics

CMP – Community Mobilization Projects

CPS – Certified Prevention Specialist

CPM – Certified Prevention Manager

CSAT – Center for Substance Abuse Treatment

CYAP – Community Youth Activities Program

DARE – Drug Abuse Resistance Education

DCDCC – Drugs and Crime Data Center and Clearinghouse

DDRP – Drug Demand Reduction Program

DEA – Drug Enforcement Administration

DFSCA – Drug-Free Schools and Communities Act

DMH – Department of Mental Health

DOD – Department of Defense

DoEd – Department of Education

DOT – Department of Transportation

DWI – Driving While Intoxicated

EAPA – Employee Assistance4 Professionals Association

EASNA – Employee Assistance Society of North America

EBP – Evidence based programs, policies, practices

HIV- Human Immunodeficiency Virus

HUD – Department of Housing and Urban Development

ICAA – International Council on Alcohol and Addictions

ICPA – International Commission for the Prevention of Alcoholism and Drug Dependency

ID- Intellectual Disabilities

IOM – Institute of Medicine

KIT – Knowledge-based Information Technology

MADD – Mothers Against Drunk Driving

MI – Mental Illness

NAADAC – National Association of Alcoholism and Drug Abuse Counselors

NACoA – National Association for Children of Alcoholics

NADAP – National Association on Drug Abuse Problems, Inc.

NALSAP – National Association for Leadership in Student Assistance Programs

NAPPA – National Association of Prevention Professionals and Advocates, Inc.

NARMH – National Association for Rural Mental Health

NASADAD – National Association of State Alcohol and Drug Abuse Directors

NASBE – National Association of State Boards of Education

NASMHPD – National Association of State Mental Health Program Directors

NATI – National Association of Teen Institutes

NCADD – National Council on Alcoholism and Drug Dependence

NCPA – National Committee for the Prevention of Alcoholism and Drug Dependency

NCPC – National Crime Prevention Council

NCJA – National Criminal Justice Association

NCJRS – National Criminal Justice Reference Service

NCY – National Collaboration for Youth

NFIA – National Families In Action

NFP – National Federation of Parents for Drug Free Youth

NHTSA – National Highway Traffic Safety Administration

NIH – National Institute of Health

NOM – National Outcome Measure

NOSAPP – National Organization of Student Assistance Programs and Professionals

NRHA – National Rural Health Association

NRIADA – National Rural Institute on Alcohol and Drug Abuse

NSAPC – National Student Assistance Program Corp.

NSBA – National School Boards Association

OJP – Office of Justice Programs

PDFA – Partnership for a Drug Free America

PPP – Primary Prevention Program

PRC – Prevention Resource Center

PRIDE – Parents Resource Institute for Drug Education, Inc.

PSA – Public Service Announcement

RADAR – Regional Alcohol and Drug Awareness Resource Network

RID – Remove Intoxicated Drivers

RET – Regional Expert Team (Also known as Central CAPT)

RFA – Request for Approval

RFP – Request for Proposals

ROI – Return on Investments

RSVP – Retired Senior Volunteer Program

SA – Substance Abuse

SADD – Students Against Driving Drunk

SAPST – Substance Abuse Prevention Specialist Training

SAPT – Substance Abuse Prevention and Treatment

SASD – Substance Abuse Services Division

SEOW – State Epidemiological Outcomes Workgroup

SFY – State Fiscal Year

SNAP – Sane National Alcohol Policy

SPF – Strategic Prevention Framework

SPF SIG – Strategic Prevention Framework State Incentive Grant

SSA – Single State Agency

TEAM – Techniques of Effective Alcohol Management

VISTA – Volunteers in Service to America

YRBS – Youth Risk Behavior Surveillance System

Table 8.1: Commonly Abused Drugs Chart [8]

Tobacco

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Nicotine	Found in cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled	Smoked, snorted, chewed

Acute Effects - Increased blood pressure and heart rate

Health Risks - Chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction

Alcohol

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled	Swallowed

Acute Effects - In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness

Health Risks - Increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose

Cannabinoids

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	I	Smoked, swallowed
Hashish	Boom, gangster, hash, hash oil, hemp	I	Smoked, swallowed

Acute Effects - Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis

[8] http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart

Health Risks - Cough, frequent respiratory infections; possible mental health decline; addiction

Opioids

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Heroin	*Diacetylmorphine*: smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	I	Injected, smoked, snorted
Opium	*Laudanum, paregoric*: big O, black stuff, block, gum, hop	II, III, V	Smoked, swallowed

Acute Effects - Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing

Health Risks - Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose

Stimulants

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Cocaine	Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II	snorted, smoked, injected
Amphetamine	*Biphetamine, Dexedrine*: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II	swallowed, snorted, smoked, injected
Methamphetamine	*Desoxyn*: meth, ice, crank, chalk, crystal, fire, glass, go fast,speed	II	swallowed, snorted, smoked, injected

Acute Effects - Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis

Health Risks - Weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction

Also, for cocaine – Nasal damage from snorting

Also, for methamphetamine – Severe dental problems

Club Drugs

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
MDMA (methylenedioxy-methamphetamine)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	I	Swallowed, snorted, injected
Flunitrazepam**	*Rohypnol*: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies	IV	swallowed, snorted
GHB**	*Gamma-hydroxybutyrate*: G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	I	swallowed

Acute Effects, for MDMA - Mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping

Also, for Flunitrazepam - Sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination

Also, for GHB - Drowsiness; nausea; headache; disorientation; loss of coordination; memory loss

Health Risks, for MDMA - Sleep disturbances; depression; impaired memory; hyperthermia; addiction

Also, for Flunitrazepam - Addiction

Also, for GHB - Unconsciousness; seizures; coma

Dissociative Drugs

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Ketamine	*Ketalar SV:* cat Valium, K, Special K, vitamin K	III	Injected, snorted, smoked
PCP and analogs	*Phencyclidine:* angel dust, boat, hog, love boat, peace pill	I, II	swallowed, smoked, injected
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not Scheduled	chewed, swallowed, smoked
Dextromethrophan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not Scheduled	swallowed

Acute Effects - Feelings of being separate from one's body and environment; impaired motor function

Also, for ketamine - Analgesia; impaired memory; delirium; respiratory depression and arrest; death

Also, for PCP and analogs - Analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations

Also, for DXM - Euphoria; slurred speech; confusion; dizziness; distorted visual perceptions

Health Risks - Anxiety; tremors; numbness; memory loss; nausea

Hallucinogens

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
LSD	*Lysergic acid diethylamide:* acid, blotter, cubes, microdot yellow sunshine, blue heaven	I	Swallowed, absorbed through mouth tissues
Mescaline	Buttons, cactus, mesc, peyote	I	swallowed, smoked
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I	swallowed

Acute Effects - Altered states of perception and feeling; hallucinations; nausea

Also, for LSD - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion

Also, for Mescaline - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion

Also, for Psilocybin - Nervousness; paranoia; panic

Health Risks, for LSD - Flashbacks, Hallucinogen Persisting Perception Disorder

Hallucinogens

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
Anabolic steroids	*Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise*: roids, juice, gym candy, pumpers	III	Injected, swallowed, applied to skin

Inhalants	*Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl)*: laughing gas, poppers, snappers, whippets	Not scheduled	Inhaled through nose or mouth

Acute Effects, for Anabolic steroids - No intoxication effects

Also, for Inhalants (varies by chemical) - Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing

Health Risks, for Anabolic steroids - Hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics

Also, for Inhalants - Cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death

Hallucinogens

Category & Name	Examples of Commercial & Street Names	DEA Schedule	How Administered*
CNS Depressants	For more information on prescription medications, please visit http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart		
Stimulants			
Opioid Pain Relievers			

Notes

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.*

*** Associated with sexual assaults.*

Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.